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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ecuador

The Executive Director recommends that the Executive Board approve the country programme of Ecuador for the period 1994-1998 in the amount of $5 million from general resources, subject to the availability of funds, and $16,450,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Ecuador's population has tripled over the past 40 years from 3.2 million in 1950 to 10.5 million in 1990. The Ecuadorean population is predominantly young, with one half under the age of 19 years, and predominantly urban. The proportion of urban population has almost doubled over the same period, from 28.5 per cent in 1950 to 55 per cent in 1990.

2. Notable progress was achieved in the provision of basic services in the 1980s in urban and rural areas in terms of the quality of housing, sanitation conditions and access to education. At the same time, Ecuadoreans have experienced an erosion in living standards: 1990 real disposable income at the household level was equivalent to that of 1975; and the real value of a 1990 minimum salary was equal to that of 1965. This situation places Ecuador among the countries of Latin America with a high proportion of families living in poverty. Data for urban areas reveal that 30.5 per cent of households are poor (under the poverty line) and among these 24 per cent are described as indigent (unable to purchase a basic food basket). Preliminary data on rural areas from household surveys suggest that three quarters of households are under the poverty line. In other words, more than half of the total households have incomes which fall below the poverty line.

3. The situation of poverty is reflected in the nutritional status of the population. A 1988 study revealed that 55.4 per cent of Ecuadorean children under the age of five years suffer from some degree of malnutrition and 9.7 per cent are moderately or severely malnourished. Chronic and global malnutrition are highest in the rural highlands and the rural coastal areas. Iron deficiency anaemia is a serious problem, affecting almost one quarter of preschoolers and well over half of girls and pregnant women. Resultant adverse effects include a predisposition to infections, low birth weight and premature births. Children between 6 and 25 months of age experience about seven episodes of diarrhoea each year. There is also a high incidence of respiratory tract infections. A vicious cycle of vulnerability to infection and malnutrition adversely affect normal growth. While the geographical disparities in levels of malnutrition are apparent, analysis shows that variables such as maternal education, living conditions and income levels are more important than geographical area alone in determining whether a child is likely to be malnourished.

4. According to the 1990 census conducted by the National Institute of Statistics, the infant mortality rate (IMR) has declined steadily throughout the 1980s and was estimated at 52 per 1,000 live births. The same census also indicated that the under-five mortality rate (U5MR) also declined, but at a slower rate, to 69 per 1,000 live births. These national averages, however, hide geographical disparities, as infant and child death rates are substantially higher in rural areas and those of the highlands in particular. The main causes of neonatal deaths, which account for 42 per cent of infant mortality and for which the rate has hardly changed in the last 30 years, are hypoxia, asphyxia and other foetal or infant respiratory complications.

Additionally, in 1990 neonatal tetanus caused 5.2 per cent of all neonatal deaths. Key underlying factors are the situation of pregnant women and quality of and access to health services. In 1990, 70 per cent of deliveries in rural areas were without professional care, whereas in urban areas 80 per cent of births were attended by medical personnel. Both post-neonatal and child deaths are caused primarily by intestinal infections, acute respiratory infections (ARI) and nutritional deficiencies.

5. Maternal mortality has been decreasing steadily, reaching a rate of 120 per 100,000 live births in 1990. Two causes, toxaemia during pregnancy and haemorrhaging, which are largely preventable through adequate prenatal and post-natal care, represent over 50 per cent of these deaths.

6. Poverty and the lack of basic water supply and environmental sanitation services facilitated the onset and the spread of a cholera epidemic in 1991. It remains today an endemic disease in certain zones. Owing to rapid urban growth, overall access to public water supply systems in urban areas decreased by 3.5 per cent from 1982 to 1990 and only about half of rural homes have access to safe water. While the number and proportion of dwellings without sanitation facilities decreased by 24 per cent over the same period, over half of rural dwellings and 25 per cent of urban dwellings remain without such facilities.

7. The outreach and efficiency of the health sector is limited, with one third of the population lacking access to health services. Whereas the ratio of medical personnel to population has increased over the last decade, there is uneven distribution of human resources by area and by type of service. Fewer than 20 per cent of personnel are working in rural areas and only 25 per cent of personnel work in out-patient units such as health centres, sub-centres and health posts. Budget allocations are also inequitable: the percentage of resources allocated to hospitals increased from 61 to 65 per cent between 1985 and 1990. From the maternal and child health care perspective, this is highly inequitable since most health care for this group is delivered through health centres and sub-centres.

8. The erosion in income has had adverse effects on families. Many households have tried to cope with smaller salary incomes by shifting into informal sector activities; yet poor economic growth, widespread underemployment and low levels of remuneration for informal sector work have limited the family's ability to replace lost wage income. Increasingly more women, and indeed children, have entered the workforce to make ends meet. Measures of women's participation in the workforce are biased by narrow definitions, yet the 1990 census revealed a 20 per cent increase between 1982 and 1990. Women receive 16 per cent less in hourly wages than men. They are more likely to work in the informal sector and are more likely to face poor working conditions. Seven per cent of women in the country are heads of household; in urban areas this figure reaches 17 per cent, according to the Instituto Nacional de Empleo (INEM) (National Institute of Employment), although in reality it may be higher.

9. The 1990 census also revealed that 107,000 children 12 to 14 years of age were working in 1990, representing an increase of over 50 per cent of the 1982 figure. The vast majority reported work-weeks of over 20 hours. For the first time, the census information from 1990 counted a further 32,000 children, 8 to 11 years of age, who worked.

10. Although access to basic education is relatively high, the country faces serious problems of repetition and desertion. According to national averages, each student takes 1.2 years to finish each grade, or an average of 7.7 years to complete the six years of the primary cycle. It has been estimated that this results in a wastage of almost $20 million annually.

11. While poverty and the need for children to work account in part for desertion, inefficiency and unequal quality of services are important factors contributing to grade repetition. Irrelevant and inappropriate content, scarcity of educational inputs, poorly qualified teachers, inefficient teaching practices, lack of information on educational outcomes and ineffective sector management are problems that contribute to low efficiency and inequity. Language barriers and the cultural gap between home and school also adversely affect the indigenous groups.

12. Overall, progress has been made in increasing coverage of preschool, day-care and early childhood development programmes. In 1990, more than 50 per cent of five-year-olds were enrolled in preschool, however the rate was 80 per cent in urban areas against 20 per cent in rural areas. Day care has become an increasing necessity given women's growing role in the workforce. Programmes integrating day care and nutrition implemented by the Ministry of Social Welfare and the National Institute of the Child and Family had achieved, by the end of 1992, a total coverage of about 250,000 children under six years old. However, the rapid expansion of these programmes has been achieved at the expense of quality of services. Funding for further expansion of these programmes is a problem.

13. In actions to implement the Convention on the Rights of the Child, Ecuador has revised its Juvenile Code and has undertaken imaginative efforts to involve children in the discussion and the fulfilment of their rights.

PROGRAMME COOPERATION, 1990-1992

Child health, nutrition and development

14. UNICEF cooperation in the current programme cycle has been in the areas of primary health care (PHC), basic education, children in especially difficult circumstances, women's development, area-based programmes and social policies.

15. The health sector activities were undertaken within the framework of the government strategy of the integral family health programme, which aims to expand health coverage within the context of PHC and with a focus on community

participation. In 1992, a health sector loan from the World Bank was approved to further expand this strategy. Through the efforts of the expanded programme on immunization (EPI) Inter-agency Coordinating Committee, national immunization coverage has reached 83 per cent for the anti-tuberculosis vaccine, 59 per cent for the combined diphtheria/pertussis/tetanus vaccine, 52 per cent for polio and 54 per cent for measles for children under one year of age, falling short of the national goal of 90 per cent coverage for each. However, UNICEF inputs have enabled a strengthening of the cold chain and have played a key role in communications, with UNICEF being the only agency to support communications activities. The cholera epidemic in 1991 provided the impetus to accelerate the establishment of community oral rehydration units, and by the end of 1992 the number had reached a total of 3,000, far exceeding the country programme goal. This, combined with a nationwide information and communications campaign, had an obviously positive effect in holding the cholera mortality rate to 1.5 per cent. Other child health actions were partly compromised by strikes in the health sector in 1991 and the distraction caused by the cholera epidemic. Delays in establishing national norms for the treatment of ARI paralysed activities for almost two years, but they have now been agreed upon, and training and other activities are under way.

16. The design and implementation of the Sistema Nacional de Vigilancia Alimentaria Nutricional (SISVAN) (National Food and Nutrition Surveillance System) have been realized. The country's critical malnutrition areas have been identified and mapped out and the results of the school height census were used to reorient the school feeding programme. Growth monitoring has been initiated in day-care centres. The sectoral ministries are contributing about 60 per cent of the cost of supporting the sectoral modules. UNICEF cooperation has primarily been in technical assistance, training and provision of computer equipment.

17. The coverage of day-care and early childhood development programmes has been extended to more than 250,000 children under six years old who live in areas of poverty. Support was provided for technical assistance, training programmes, development and production of materials, and weighing scales to facilitate the implementation of SISVAN in day-care centres. Observation of the programme in the poor urban areas of Guayaquil indicates that the programme is effectively providing a highly valued service in which the community is participating.

Basic education

18. Ecuador, with the help of World Bank and Inter-American Development Bank (IDB) loans in 1990 and 1992, respectively, has developed an approach to basic primary education to better respond to the needs and realities of poor urban and rural children. Within this context, UNICEF supported the establishment of three pilot "hub" schools, known as CEMs (Centro Educativo Matriz), and the experience was evaluated in late 1992. The results will be vital in guiding project implementation. Under a funds-in-trust agreement, UNICEF became a partner in the World Bank project, lending its technical assistance and experience in community participation and development to implement the

components of maintenance of school premises by the community, development of textbooks and training of teachers in their use. These measures are aimed at addressing the drop-out problem and the unequal quality of instruction. This project, which started in 1992, will run through 1998.

Children in especially difficult circumstances

19. UNICEF has been active in heightening awareness of and initiating and expanding programmes for children in especially difficult circumstances. UNICEF has supported a number of national mobilization activities, building on the children's elections on the Rights of the Child held in 1990. These included a national campaign entitled "The Great Accord" which focused on mistreatment of children and violence against them, a widespread problem as revealed by studies undertaken by UNICEF in cooperation with non-governmental organizations (NGOs). UNICEF has also expanded its alliance in this area, teaming up with a private bank and a supermarket chain to support a fund-raising campaign - "Your change - for change" - the proceeds of which support NGO actions for street children and working children.

20. With the aim of bringing about a positive change in the environment of State institutions, support for training courses on institutional openness and humanization for personnel working in these institutions was provided. Play and learning areas in orphanages were also provided, along with curriculum and teaching manuals. The impact of these activities was evaluated in late 1992. Support was also provided to organizations undertaking programmes for working children to expand the outreach and improve programme content.

Promotion of women

21. Support for income-generating opportunities for women in rural and marginal urban areas has benefited about 6,000 poor women. An evaluation undertaken in mid-1992 pointed out a number of shortcomings, together with recommendations for remedy. One aspect, which applies to UNICEF cooperation in general, relates to some problems encountered in working with NGOs. The evaluation points to the need for establishing adequate mechanisms to ensure smooth implementation of project activities undertaken with these allies. Another aspect was negative environmental factors, such as a family working with lead in close proximity to their children. This underlines the importance of environmental awareness in all areas of UNICEF cooperation. Important studies were undertaken in collaboration with the National Centre for Social and Educational Investigation on the attitudes of teachers towards their male and female students and on stereotypes contained in school textbooks. The findings are helping to guide the revision of textbooks and the training of teachers within the World Bank and IDB projects.

Social policies

22. With additional funding made available through the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC), UNICEF has played a strong supportive role in social policy development and planning. This

included support for a number of analytical studies on poverty, adjustment and social policy, which provided data for advocacy activities. National staff were trained in survey methodology and analysis of results for the permanent household survey system. The training of Consejo Nacional de Desarrollo (CONADE) (National Development Council) personnel in the management and evaluation of social projects, computer software application and social management has been supported. These efforts laid the groundwork for development of the national programme of action (NPA), which provides the framework for strengthening social policies and social programmes leading ultimately to achieving the national goals.

Area-based programmes

23. UNICEF cooperation has focused on poverty-stricken rural areas of the Andean highlands and the coastal province of Esmeraldas within the subregional PROANDES programme reported upon in E/ICEF/1993/P/L.28, and in the peripheral urban areas of Quito and Guayaquil.

24. One quarter of a million rural inhabitants in 291 communities located in five of the most disadvantaged provinces of the highlands and coast benefited from services provided through PROANDES, which included health, nutrition, education, early childhood development, water supply, sanitation and food production. The cultural make-up of these communities, mainly Quechua and of African origin, required a participatory development approach sensitive to, and respectful of, their cultural identity. The programme was successful in bringing together grass-roots and State organizations to expand the delivery of services to these often forgotten communities.

25. In Quito, UNICEF assistance, focused on the poorest areas, is complementary to the public services of the municipality of Quito. Health units were upgraded with medical equipment and supplies and health education activities were promoted through an entertaining open-air theatre held in the different barrios (neighbourhoods, usually slums). Water systems, latrine construction and the organization of garbage disposal were supported. In Guayaquil, health workers received training, support was provided for house-to-house vaccination and a campaign to promote breast-feeding was undertaken. In both cities, the cholera epidemic prompted activities related to safe treatment of water, hygienic practices and treatment of cholera.

Emergencies

26. In 1991, UNICEF mobilized, in conjunction with other agencies of the United Nations system, to combat the cholera epidemic that affected all 21 provinces of the country. In early 1992, the El Niño current brought devastating flooding to the coastal area, affecting particularly the city of Guayaquil and provinces of El Oro and Manabi. The UNICEF response focused on the provision of medicines, safe water and health education activities.

Lessons learned

27. In a country which has local resources available for social programmes, the role of UNICEF in supporting demonstration and pilot actions to provide technical assistance and to help guide social policy has been validated. For example, UNICEF support to pilot education centres and their evaluation has created opportunities for UNICEF to support and influence major social development programmes outside the scope of UNICEF funding.

28. At the macroplanning level, the establishment of goals for the year 2000 and the identification of strategies and programmes within the NPA have assisted all social actors in better defining and elaborating appropriate programmes. At the microlevel, a thorough understanding of ethnic and cultural beliefs and practices is imperative to generate genuine community participation and guarantee sustainability of activities.

29. The success of imaginative efforts to create openings for children to learn about and to participate in social issues and child rights issues is demonstrative of the opportunities to build a broader base for social mobilization for and of children.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

Recommended general resources: $ 5,000,000
Supplementary funding: $16,450,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 000	2 700	3 700
Basic education	670	1 500	2 170
Area-based services	600	2 000	2 600
Social planning	500	-	500
Advocacy and social mobilization	500	-	500
Nutrition	400	1 500	1 900
Early childhood development	200	1 250	1 450
Children in especially difficult circumstances	200	2 500	2 700
Women in development	200	2 500	2 700
Water supply and sanitation	-	2 500	2 500
Programme support	730	-	730
Total	5 000	16 450	21 450

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme preparation process

30. The preparation of this programme of cooperation occurred at the juncture of a new administration for the period 1992-1996 and therefore has paralleled the elaboration of the national development plan for the same period. The usual steps in programming were adapted to fit in with the electoral timetable. An analysis and prognosis of the overall socio-economic trends affecting the situation of women and children entitled Children's Well-being in Ecuador: a Status Report 1992 was prepared. This document was used in defining programme focus and strategy and will continue to be used for advocacy purposes with the new authorities. The MPA that was prepared in December 1991 also represented the major point of reference for the establishment of areas of cooperation, the selection of strategies and the setting of objectives. This was complemented by recommendations from the mid-term review held in late 1991, an internal UNICEF strategy meeting held in March 1992 and various meetings and/or workshops held with government authorities, NGOs and agencies of the United Nations system working in the social sector. In direct collaboration with CONADE and the Ministries of the Social Front, the country programme was designed to support and complement national actions for the achievement of the MPA goals. In view of the favourable response of various donors and the accelerated implementation of the current country programme, the amount of supplementary funds has been increased in the new country programme to allow the expansion of the activities to be initiated with general resources.

Programme goals, objectives and strategy

31. Through the country programme, the Government and UNICEF will seek to contribute to the broader efforts for social and human development and, within that context, to focus on the particular concerns of children and women as both beneficiaries and participants in the national development process. Efforts to achieve these goals are part of a more extensive national development process involving Ecuadorean society at large as well as other international, bilateral and local agencies and organizations, both governmental and non-governmental, and the private sector. This programme, therefore, seeks to interact with other child survival, protection, development and participation activities being undertaken by other parties that also aim to advance the well-being of children and women in Ecuador.

32. The overall goals for 1994-1998 are to improve child survival by (a) reducing IMR and U5MR to 38 and 60 per 1,000 live births, respectively; (b) reducing the maternal mortality rate to 115 per 100,000 live births; (c) reducing moderate and severe malnutrition by 40 per cent; (d) making qualitative improvements in early childhood development, preschool and primary education programmes, with special emphasis on economically and ethnically disadvantaged groups; and (e) fostering genuine respect for children's rights and participation, as well as for women's rights and participation. In respect of these goals, the emphasis will be on expanding and improving the programme focus on disadvantaged children and women in remote rural locations and underserved urban areas within the area-based programmes.

33. The strategy has been developed to complement the support provided by other major donors in the social sector, including the World Bank, IDB, the United States Agency for International Development (USAID), the Cooperative for American Relief Everywhere, Inc. (CARE) and other agencies of the United Nations system. The programme strategy emerges from the experience of prior cooperation while taking into account current policy. It responds to the needs for increasing service access, improving the quality of services and expanding economic opportunities for the poor, especially women. In addition, the strategy is to assist in the building of national and local institutions and the strengthening of NGOs in their planning and delivery capacities; the empowering of communities, families and women through relevant knowledge and skills and the promotion of participation; and better use of knowledge and data on children and women in social planning. The programme also envisages promoting environmental awareness and seeking environmentally sustainable development options.

34. The programme will address the immediate causes of child and maternal deaths, malnutrition and ill-health through interventions for disease reduction and control. It also aims to relieve the underlying causes with respect to access to water supply and sanitation services and knowledge for improved child care. It will seek to bring about qualitative improvements in the areas of early child development and basic education and will highlight the special needs and circumstances of poor women, working children and children disadvantaged in other ways, as well as economically and ethnically disadvantaged groups. Participatory development in disadvantaged areas will be promoted through the subregional PROANDES programme in the rural areas of six provinces that reflect the greatest disparities in social indicators, and in disadvantaged urban areas of the country's two major cities, Quito and Guayaquil.

Health

35. The health programme will aim to reduce significantly morbidity and mortality among children and women by 1998. In addition to providing support to surpass and maintain a 90 per cent immunization coverage, the goals of eliminating polio and neonatal tetanus by 1995 will be supported through training, maintenance of the cold chain, provision of needles and syringes, support for epidemiological surveillance and production of educational and communications materials. The two primary causes of infant and child mortality - diarrhoeal diseases and ARI - will be the target of health education and other programme interventions. These will include training of health and community personnel, promotion of breast-feeding, proper weaning and hygiene practices, continuation of the implementation of community oral rehydration units and educational campaigns.

36. Maternal and child health will be promoted further through the nationwide implementation of the "baby-friendly" hospital initiative through a focus on expanding antenatal and post-natal care. A public education effort will be undertaken on other health topics of concern, such as acquired immune deficiency syndrome (AIDS) and infection with the human immunodeficiency virus

(HIV), and substance abuse. This will be achieved through the production of short three-minute animated spots featuring a cartoon character, "Maximo", who narrates stories with a health education moral. While these spots will be produced within the Ecuador country programme, they would be designed for use in other parts of Latin America.

Basic education

37. UNICEF cooperation will contribute to improving the quality and relevance of primary education, thereby reducing repetition and desertion rates. To this end, UNICEF is complementing the World Bank-funded project for improving the efficiency and quality of basic primary education in low-income urban areas from 1992-1998 through the provision of technical and administrative assistance for the development and production of textbooks, training of teachers in their use and involvement of parents and communities in the maintenance of the schools.

38. UNICEF will also seek supplementary funding to expand the strategy adopted by the country to improve the quality and efficiency of primary education to the five provinces of the Amazon region through the establishment of one CEM (a central school serving as a resource centre for a number of satellite schools) in each province, benefiting about 5,000 students.

Area-based services

39. In urban areas, social mobilization and advocacy will be undertaken countrywide to co-opt mayors and the municipalities as defenders of children's rights and consequently to work for the achievement of NPA goals. In the two largest cities of Quito and Guayaquil, UNICEF will continue to support community development activities and the provision of basic services to benefit 60,000 families. This will be done in collaboration with sectoral and municipal agencies and the community, with an emphasis on areas unreached by the regular sectoral or municipal services.

40. The delivery of basic services to disadvantaged rural areas will be undertaken within the Ecuador country component of the subregional PROANDES programme described in document E/ICEF/1993/P/L.28. This second phase of PROANDES will consolidate actions already undertaken and expand the delivery of services to neighbouring communities in the provinces of Cañar, Chimborazo, Cotopaxi, Esmeraldas and Pichincha. New actions will be initiated in El Oro and the northern part of Esmeraldas. PROANDES will seek to alleviate oppressive poverty in a total of 384 communities with a total coverage of about 500,000 people. Drawing from the lessons learned in the first phase of the programme, planning and implementation will be based on active community involvement and will take into consideration the cultural characteristics of the communities. Greater attention will also be paid to income-generating activities at the family level - including agriculture, small-scale manufacturing and handicrafts - to respond to local level concerns.

Social planning and advocacy

41. UNICEF will provide training and advisory and research support for intersectoral policy formulation and planning in key areas for children. Technical assistance for the operation of a database for monitoring progress towards the decade goals will be supported.

42. Advocacy activities will promote issues related to child survival, protection and development, with a view to generating a broad-based ethic of commitment and support for children's rights and the elimination of all forms of discrimination against women. Children's participation will continue to be an important element in, and catalyst for, social mobilization in these areas. This advocacy will be complemented by concrete actions within each programme area.

Nutrition

43. This programme will support the reduction of moderate and severe malnutrition by 40 per cent; the reduction of low birth weight by 10 per cent; and the reduction of anaemia in pregnant women by 20 per cent and in children under two years of age by 40 per cent. The promotion of exclusive breast-feeding for the first four months and institutionalizing growth monitoring will contribute to the achievement of the nutrition goals. Support will also be provided for food and nutrition surveillance, nutrition education and activities in micronutrient deficiencies.

Early childhood development and preschool education

44. UNICEF will support national efforts to improve the quality and efficiency of early childhood development programmes, and their subsequent expansion, in two respects. Firstly, training will be supported through the development of training materials and the training of trainers, paying special attention to in-service training requirements and enabling personnel to recognize and deal with physical and learning disabilities. Secondly, monitoring will be strengthened, particularly at the level of the individual centre, through collaboration with SISVAN and through the use of simple monitoring tools at the community level. The needs of special groups such as indigenous children will be met through the undertaking of studies on groups with distinct needs and the adaptation of materials to respond to their specific needs.

45. As early childhood development is primarily a family responsibility, UNICEF will support the empowerment of parents and families with the knowledge and skills to meet the developmental needs of infants and toddlers. Channels will include radio, church groups, agricultural extension and the parental programmes of the urban school centres.

46. UNICEF will contribute towards the achievement of the NPA goal to extend preschool coverage to 90 per cent of children five years of age by assisting in the development and implementation of the strategy to mobilize private

sector support and funding for both formal and non-formal preschool programmes. UNICEF will stress augmenting preschool coverage in rural areas and institutional strengthening of the preschool department.

Children in especially difficult circumstances

47. The strategic approach to address the needs of working children, street children, children in institutions and those who are victims of abuse will include the promotion of a national policy in accordance with the Convention on the Rights of the Child. It will seek to foster the coordination of NGOs, the convergence of services and the involvement of the private sector, engendering the participation of children in such programmes and promoting the role of the family in preventive and remedial activities. Studies will be supported to identify actions specifically for the girl child and for children in rural areas whose difficult circumstances are less visible. UNICEF will work in unison with government authorities, NGOs and the private sector to improve the situation of these children in difficult circumstances and to undertake preventive actions where appropriate.

Women in development

48. Women's issues and gender analysis will be systematically strengthened in all sectoral programmes. Specific advocacy measures will be supported, looking not only at the role of women, but at the role and attitudes of men to bring about improvement in the status and situation of women and to advance compliance with the Convention on the Elimination of All Forms of Discrimination against Women. Support will be provided to the education sector to promote and achieve non-sexist education by eventually removing gender insensitive materials and by changing attitudes and modifying behaviour within the education system. Specific actions will be supported for developing life skills with respect to empowerment for access to and use of existing services and skills for employment opportunities within the labour market, complementing the programme activities of area-based programmes.

Water supply and sanitation

49. UNICEF will support the strengthening of national capacity to facilitate prioritization of interventions and identification of appropriate technologies for different zones at policy and planning levels. The construction of water supply systems and latrines will be supported, seeking operational community-level involvement in planning, execution and the maintenance of systems. This will be accompanied by health and environmental sanitation education activities.

Management, monitoring and evaluation

50. The cooperation programme will strengthen the capacity of institutions and service delivery mechanisms through human resource and systems development. Community participation in the planning, management and maintenance of services and local resources will form the cornerstone of

implementation and will involve appropriate local contributions of time, labour, funds and materials. Water supply and sanitation and area-based programmes in urban and rural areas in particular will promote the creation of environmentally sound, sustainable development processes within communities.

51. In view of the Government's objective to reduce the role of central government and to increase the role of NGOs and the private sector in the delivery of social services, the country programme will depend on participatory and coordinated planning, and will rely, where appropriate, on the capacity of NGOs to deliver services effectively.

52. Subject to the availability of funds, a UNICEF programme officer will be responsible for providing technical assistance and operational support for development, implementation and monitoring in the programme areas. Programme and project plans of action will be drawn up annually by counterpart ministries and agencies jointly with UNICEF staff. These plans will be approved by inter-institutional committees established for each programme area comprised of the sectoral ministry, other implementing partners as applicable, and UNICEF. These committees will review the progress at mid-year and review implementation at the end of each year, at which time the next year's plan of action is approved. Within UNICEF, details of project plans of action and inputs will be programmed and monitored and problems will be identified through field visits, meetings with counterparts and field reports, and necessary remedial action will be taken. A comprehensive mid-term review will be conducted in 1996. As an input into the preparation of the next cycle of UNICEF cooperation, key themes or programmes will be evaluated in the latter half of the five-year period to determine their relevance for future continuation.

Coordination with other agencies

53. The design of the programme takes into account the ongoing programmes supported by other major donors, including agencies of the United Nations system, the World Bank and IDB (basic education, health, nutrition and social investment), USAID (child survival) and CARE (water supply and sanitation), among others. Close cooperation will continue to be maintained with the United Nations Development Programme (UNDP) and other United Nations agencies in the overall coordination of programmes at the country level. An effective mechanism for coordination exists in the health sector through the Inter-agency Coordinating Committees for EPI, the control of diarrhoeal diseases, ARI, and one proposed for AIDS. There is also an Inter-agency Committee for the Ecuadorean Woman, of which the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Fund for Women, the United Nations Population Fund, UNDP, the World Health Organization/Pan American Health Organization (WHO/PAHO), the Food and Agriculture Organization of the United Nations, the World Food Programme, USAID, and Canadian, Dutch and Spanish cooperation agencies are members.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Ecuador (1991 and earlier years)			UNICEF country classification
Under-five mortality rate	82	(1991)	High U5MR
Infant mortality rate	59	(1991)	High IMR
GNP per capita	$ 1020	(1991)	Lower-middle GNP
Total population	10.8 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	260	298	326	329
Infant deaths (under 1)	(Thousands)	26	23	20	19
Under-five deaths	(Thousands)	37	32	27	27
Under-five mortality rate (per 1,000 live births)		143	107	84	82
Infant mortality rate (under 1) (per 1,000 live births)		101	76	60	59

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987)	Moderate & severe	..	17
	Severe	..	0
Babies with low birth weight (%, 1980/1988)		10	11
% of primary school children reaching final grade, 1980/1988)		50	55*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1979/1987)		86 /74/ 48	84 / 73 / 57
Prevalence of wasting (%, 1987)		..	4
Prevalence of stunting (%, 1987)		..	39
Daily per capita calorie supply (% of requirements, 1988-1990)		..	105
Food production per capita index (Index 1979-1980=100, 1980/1991)		101	99
Household expenditure (% of total income, 1980-1985)	All food/cereals		30 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			70
Access to health services	Total	18	75
(% of population, 1980/1988)	Urban/rural	.. / ..	92 / 40
Access to safe water	Total	45	58
(% of population, 1980/1990)	Urban/rural	82 / 16	75 / 37
Access to adequate sanitation	Total	47	67
(% of population, 1980/1990)	Urban/rural	73 / 17	98 / 38
Births attended by trained personnel (%, 1990)		..	56*
Maternal mortality rate (per 100,000 live births, 1978/1990)		220	300

Immunization		1981	1985	1990	1991
One-year-olds (%) immunized against:	Tuberculosis	82	99	88	83
	DPT	26	41	68	59
	Polio	19	39	67	62
	Measles	31	54	61	54
Pregnant women (%) immunized against:	Tetanus	4	..	5	..

TABLE 1 (continued)

Ecuador

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	113 / ..	118 / ..
	Male	115 / ..	118 / ..
	Female	111 / ..	117 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	51 / ..	56 / ..
	Male	51 / ..	55 / ..
	Female	51 / ..	57 / ..
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	72	86
	Male/female	75 / 68	88 / 84
Radio/television sets (per 1,000 population, 1980/1990)		289 / 62	315 / 83

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	6051	8123	10547	10800	13090
Population aged 0-15 years	(Thousands)	2908	3749	4384	4437	4832
Population aged 0-4 years	(Thousands)	1090	1311	1487	1499	1572
Urban population (% of total)		40	47	56	57	65
Life expectancy at birth (years)	Total	58	63	66	66	68
	Male	56	61	64	64	66
	Female	59	65	68	68	71
Total fertility rate		6.4	5.1	3.9	3.8	3.0
Crude birth rate (per 1,000 population)		43	37	31	31	27
Crude death rate (per 1,000 population)		12	9	7	7	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1989)		35	53
Population annual growth rate (%, 1965-1980/1980-1990)	Total	3.1	2.6
	Urban	5.1	4.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		5.4	-0.3
Inflation rate (%, 1965-1980/1980-1990)		11	37
Population in absolute poverty (%, 1987)	Urban/rural	.. / ..	40 / 65
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1987)	Health/education	.. / ..	7 / 25
	Defence	..	12
Household expenditure (% of total income, 1980-1985)	Health/education	5 / 5	.. / ..
Official development assistance: (1980/1991)	$US millions	46	208
	As % of GNP	1	2
Debt service (% of goods and services exports, 1980/1990)		19	27

* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990–1993 a/

COUNTRY: ECUADOR
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $3,813,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	392	378	136	206	118	13	668	385	1314	851	982	1626	2296	2477
Household food security and nutrition	112	13	79	38			282	190	473	430	241	1433	714	1863
Water supply and sanitation	9	111	3	15			35	575	47	119	701	660	748	779
Education	27	55	9	119	10		222	225	268	435	399	432	667	867
Community organization and development		12		7				66		45	85	5	85	50
Young child development	29	78	186	62	17		317	193	549	653	333	1522	882	2175
Women–centred programme		36	74	175		87	48	305	122	290	603	1106	725	1396
Children in especially difficult circumstances		58		213		79	24	541	24	90	891	1200	915	1290
Social mobilization and advocacy	7	39	10	62	4		230	75	251	260	176		427	260
Planning and social statistics	20	16	71	38	9		640	52	740	404	106	185	846	589
Programme support	1	14			139	363	112	451	252	236	828		1080	236
Emergency	208	35					15		223	236	35	35	258	271
GRAND TOTAL	805	845	568	935	297	542	2593	3058	4263 b/	4049 c/	5380 b/	8204	9643	12253

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Including expenditure from global and regional funds.
c/ Including $236,000 allocations from the Emergency Reserve Fund.

.../

TABLE 3. PLANNED EXPENDITURE, 1994 – 1998

(In thousands of United States dollars)

Country: ECUADOR Period covered: 1994 – 1998	Funding status	1994	1995	1996	1997	1998	Total
Health	GR	200	200	200	200	200	1000
	NSF	540	540	540	540	540	2700
Nutrition	GR	80	80	80	80	80	400
	NSF	300	300	300	300	300	1500
Water supply and sanitation	NSF	480	490	500	510	520	2500
Basic education	GR	124	129	134	139	144	670
	NSF	300	300	300	300	300	1500
Urban basic services	GR	120	120	120	120	120	600
	NSF	400	400	400	400	400	2000
Early childhood development	GR	40	40	40	40	40	200
	NSF	250	250	250	250	250	1250
Women in development	GR	40	40	40	40	40	200
	NSF	500	500	500	500	500	2500
Children in especially difficult circumstances	GR	40	40	40	40	40	200
	NSF	550	540	505	460	445	2500
Advocacy	GR	100	100	100	100	100	500
Social planning	GR	100	100	100	100	100	500
Programme support	GR	156	151	146	141	136	730
TOTAL	GR	1000	1000	1000	1000	1000	5000
	NSF a/	3320	3320	3295	3260	3255	16450
GRAND TOTAL		4320	4320	4295	4260	4255	21450

GR = General resources.
NSF = New supplementary funding.
a/ This amount does not include new supplementary funding for the Andean subregional programme (PROANDES).

/...

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

ECUADOR

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET 1994–1998 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L.7	D1/L.6	P/L.5	P/L.4	P/L.3	P/L.2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	1000			1000									1	1		100	100
Nutrition	400			400													
Basic education	670			670				1			1			1	710		710
Urban basic services	600			600													
Early childhood development	200			200													
Women in development	200			200													
Children in expecially difficult circumstances	200			200									1	1		100	100
Advocacy	500			500													
Social planning	500			500								1	4	5		500	500
Programme support	730			730													
TOTAL GR	5000			5000				1			1	1	6	8	710	700	1410
SUPPLEMENTARY FUNDING																	
Health			2700	2700								1	1	2		360	360
Nutrition			1500	1500													
Water supply and sanitation			2500	2500								1	1	2		310	310
Basic education			1500	1500								1	1	2		290	290
Urban basic services			2000	2000													
Early childhood development			1250	1250								1	1	2		290	290
Women in development			2500	2500								1	2	3		380	380
Children in expecially difficult circumstances			2500	2500								5	6	11		1630	1630
TOTAL SF			16450	16450								6	12	19	710	2330	3040
TOTAL GR & SF				21450				1			1						
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed 1994–1995)	Operating costs			546													
	Staffing b/						1	1			2	2	7	11	488	421	909
GRAND TOTAL (GR + SF + ADM)							1	2			3	8	19	30			
–	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)										2	5	12	19	N/A	N/A	N/A
	– At the beginning of proposed programme (1994)										3	8	19	30	N/A	N/A	N/A
	– At the end of proposed programme (1998) (Indicative only)										3	8	19	30	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts excluding the Andean subregional programme (PROANDES) are effective 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

Annex

LIST OF STUDIES AND EVALUATIONS

1. Women, Employment and Poverty in Urban Areas of Ecuador. INEM-UNICEF-UNDP-017. May 1990.

2. Module of Unmet Basic Needs. UNICEF-INEM-UNDP-ILO. May 1990.

3. Health Care in Urban Areas of Ecuador: Analysis of the Health Module. UNICEF-INEM-UNDP-ILO. March 1990.

4. The Activities of Cisol with the Working Children in Loja. October 1990.

5. Evaluation of growth monitoring programmes in the country. March 1991.

6. Document on the History of Growth Monitoring Programmes in Ecuador. March 1991.

7. External Evaluation of the SAFLAC Project. October 1991.

8. A Survey on the Sexual Abuse of Children. UNICEF-DNI. June 1991.

9. Analysis of the Socio-educative Situation of Children in Protective and Rehabilitative Institutions. July 1991.

10. Working Children. A Testimonial Document from the Night Schools of Guayaquil. November 1990.

11. Opinion of the Children on Police and on Bus Drivers. UNICEF-CEDEJOTA. August 1991.

12. Working School-Children in Ecuador: The Case of Machala. December 1990.

13. Birth Weight of Children in Ecuador. February 1991.

14. Health Communication of Columbe, Province of Chimborazo. Traditional Medicine. June 1991.

15. Let's Paint Our Rights. A pilot experience. September 1991.

16. The Rural Child, Situation and Perspectives in the Provinces of PROANDES. March 1991.

17. Ecuador: Crisis, Adjustment and Social Policy in the 80s. June 1991.

18. Evaluation of Women in Development. July 1992.

19. Esmeraldas Project Evaluation. June 1992.

20. Feasibility Study to Increase Water Supply in Cooperativa Francisco Jácome. July 1992.

21. Child Raising Patterns. August 1992.

22. Official School Textbooks and Discrimination Against Women. February 1992.

23. Children's Well-being in Ecuador: A Status Report 1992. UNICEF. October 1992.

24. Malnutrition and Socio-economic Conditions in Ecuador. CONADE-MEC-UNICEF-WHO/PAHO. July 1992.

25. First Height Census: Methodological Aspects and Results. CONADE-MEC-UNICEF-WHO/PAHO. July 1992.

26. Maternal Anthropometrical Indicators as Predictors of Low Birth-weight (in preparation).

27. Evaluation of the Institutional Openness and Humanization Project (in preparation).

28. Study of Women's Employment in Rural Areas. INEM (in preparation).

29. Evaluation of Pilot CEMs in Imbabura (in preparation).

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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

China

The Executive Director recommends that the Executive Board approve the country programme of China for the period 1994-1995 in the amount of $36 million from general resources, subject to the availability of funds, and $16,065,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. China has made major strides in child survival and development (CSD) by implementing nationwide primary health care (PHC) and basic education systems. The infant mortality rate (IMR) dropped from 200 per 1,000 live births in the 1940s to 40 to 50 per 1,000 live births in the 1980s. The maternal mortality rate (MMR) has been reduced from an estimated 1,500 per 100,000 live births before 1949 to an estimated 95 per 100,000 live births in 1989. Child immunization coverage is now over 95 per cent for each expanded programme on immunization (EPI) vaccine. Primary school enrolment registered a fivefold increase, from 20 per cent in 1949 to 97 per cent in 1990, and the adult illiteracy rate for the population 15 years and over dropped from 80 to 22 per cent in the same period. Late in 1991, China ratified the Convention on the Rights of the Child, and in early 1992, the State Council approved the national programme of action (NPA) for children, thereby demonstrating the country's strong and continuing commitment to children.

2. While national-level data document the situation of the average child, these statistics do not reflect regional disparities or the problems faced by over 100 million people living in the resource-deficient areas of China, where economic development has been slower. There is increasing evidence that structural adjustments related to economic reforms have tended to increase costs to individuals for health care and education, making access to these services more difficult in poorer counties. Now that economic growth appears to be rapid and sustained, poverty alleviation and putting social "safety nets" in place have become high priority strategies for the Government.

3. Focusing on specific problems of children and women, the IMR varies from below 20 per 1,000 live births in major urban areas to over 100 per 1,000 live births in some remote counties. The population living in these latter counties may be as high as 30 million, equivalent to a medium-sized country. Major causes of infant deaths are problems of the newborn, acute respiratory infections (ARI), tetanus and diarrhoea. Among children between one and five years of age, the main causes of death are ARI, diarrhoea and injuries. A major success has been the decline in vaccine-preventable diseases, with the average incidence dropping over 90 per cent in the last several decades. Exceptions include outbreaks of polio in certain locations in 1989 and 1990 and up to 100,000 cases of neonatal tetanus annually.

4. While there is very little severe malnutrition, the proportion of children under five years of age who are underweight for age is estimated to be about 20 per cent. The proportion of stunted children is over 30 per cent. The prevalence of breast-feeding appears to be decreasing in most areas studied. Over one third of China's population live in iodine-deficient areas and up to 50 per cent of children are at least mildly anaemic.

5. The impressive gains in literacy over the past four decades have been accomplished through the massive expansion of primary education facilities, complemented by a comprehensive structure for adult education. Currently, the majority of the 50 million illiterate people in the 15- to 40-year age-group are from the poor, remote and minority nationality areas, with women constituting about 75 per cent of the group.

6. There are disparities in participation in primary education between males and females, between urban and rural areas and between different nationality groups. The overall completion rate for the five-year primary education system is estimated at 80 per cent. In some remote areas, however, the completion rate is only about 60 per cent. Girls form the majority of children in the 7- to 11-year-old age-group who are not enrolled in schools and constitute about 70 per cent of those who drop out before completing primary education.

7. In 1987, over 8 million children under 15 years of age, or nearly 3 per cent of the total child population, were identified as disabled. Over three fourths of these children were mentally disabled. Survey data showed an association between mental disabilities and the prevalence of iodine deficiency disorders (IDD). In addition to the problems of disabled children, there is a need to address the problems of other children with special needs, for example, street children, unregistered children and children of the "floating" (migrant labour) population. At present there is a clear need to obtain more information on the extent of these problems and their causative factors.

8. In 1990, it was estimated that over 75 per cent of rural inhabitants had access to "improved" water supplies. However, access to safe supplies of water for drinking or hygiene purposes remains a problem in many remote rural areas. In China, the primary deficits in sanitation requirements for young children are good hygiene practices on the part of the mother and child and adequate latrine facilities.

PROGRAMME COOPERATION, 1990-1993

9. The country programme for the period 1990-1993 focused on the following: (a) maintaining the momentum of national programmes such as EPI, strengthening maternal and child health (MCH) services in high mortality rate areas and improving basic education; (b) extending basic services to rural, remote, mountainous, minority and poor areas; and (c) bringing programme strategies more in line with those needed to address the goals for the 1990s.

10. The shift in focus of UNICEF cooperation in China towards the economically underdeveloped and disadvantaged parts of the country that started with a number of projects in the 1985-1989 cycle was accelerated during the current cycle. Analyses have been initiated on the impact of structural adjustment policies stemming from China's economic reform programme on the health and welfare of children and the availability of basic services, especially for the rural poor. Preliminary findings indicate that the PHC system has been affected in a number of poor remote areas and that children often are not attending school due to economic reasons. Therefore, problems of disparities between different regions of the country and questions of financing and organizing services for disadvantaged children and women have assumed greater priority.

Health and nutrition

11. Support for PHC services through the strengthening of the MCH component currently accounts for almost 20 per cent of UNICEF assistance in China. Beginning with 10 model counties and then increasing to 30, an approach to

strengthen MCH was tested over the past decade. Routine monitoring, careful assessment of the project in annual and mid-term reviews and, finally, an internal evaluation led first to refinement, then to extension of the project to 300 poor, high mortality rate counties. This explicit process of development, careful monitoring and evaluation and preparation for going to scale epitomizes an important and, in this case, successful, UNICEF strategy. The project, which brings together aspects of family planning and MCH, is also a model of inter-agency cooperation funded jointly by UNICEF and the United Nations Population Fund (UNFPA), with World Health Organization (WHO) technical assistance.

12. Broad national-level actions to promote breast-feeding, to initiate legislation to control the marketing of infant formula, to establish regulations in the work place conducive to breast-feeding and to make changes in hospital practices were initiated in the mid-1980s. The "baby-friendly" hospital initiative was introduced in 1992.

13. Sustaining the highly successful immunization programme in China has been the primary focus of continuing support for EPI, for which two national reviews have been held in the past three years. Coverage rates of over 90 per cent were documented, and lessons learned included the importance of registering all children in each community; having a well-managed preventive health service; being able to depend on an existing network of PHC workers reaching almost every village; being self-sufficient in vaccine production; and, in particular, assuring very strong commitment by all levels of the Government to the programme. Components that need to be strengthened were also identified, such as increased emphasis on strategies for pockets of low coverage, improved quality of services, improved disease surveillance and greater attention to disease control and eradication, especially for poliomyelitis and neonatal tetanus. The polio eradication strategy has incorporated significant improvements in surveillance and control efforts. Owing to the greatly expanded requirements for eradication of the disease, some oral polio vaccine has been imported to meet shortfalls in production capacity. The Government, with UNICEF support, has also started a tetanus toxoid vaccination programme for all women 18 to 35 years of age in the 300 MCH project counties. This is to be rapidly extended to the rest of the country, initially on a campaign basis, and later as a routine part of EPI.

14. UNICEF support for nutrition-related activities focused on strengthening surveillance and information systems; emphasizing an intersectoral community approach to improving child nutrition; reassessing growth monitoring and promotion with the development of simpler, effective approaches based on encouraging household- and community-level assessment, decision-making and action; and developing clearer national-, provincial- and county-level plans for the control of IDD.

Basic education

15. Activities have concentrated on upgrading and improving teacher performance; improving the design and production of textbooks; increasing the availability of teaching aids; encouraging community participation in the improvement of local schools; and out-of-school science education focusing on community health and protection of the environment.

16. UNICEF assistance for the development and production of preschool and primary school teaching/learning materials and teaching aids has contributed significantly to the increased availability nationally of textbooks, other materials and teaching aids. Project activities in 100 counties aimed at strengthening primary education in disadvantaged areas have enhanced the interest and active participation of community leaders and parents in school improvement activities. The main challenge continues to be improving the participation of girls and children of minority nationality groups. Activities related to education planning have demonstrated the need to strengthen the educational management information system and to evolve appropriate models for monitoring progress at local and provincial levels towards the goals of education for all (EFA).

17. Among the lessons learned in the education projects are the importance of focusing specific attention on the education of girls and women; the importance of reinforcing efforts to promote community participation in all programmes; the importance of continuing and making further advocacy efforts to mobilize the Government and communities in terms of equity and improvement of quality in the EFA initiative; and the need to strengthen the mutually supportive relationship between early childhood care and education activities and between primary education and literacy programmes.

Childhood disability and children with special needs

18. UNICEF assistance to childhood disability programmes in the past has contributed to the initial development of community-based rehabilitation efforts. A network of both community-based and family-based rehabilitation for hearing disabled children has also been established in pilot areas in 15 provinces. Better cooperation is being encouraged with programmes implemented by the health and education sectors related to the prevention of disabilities, such as IDD control, improved antenatal services and the care of disabled children. Initial negotiations to support programmes for other children with special needs have led to a small project for street children.

Social development programme for poor areas

19. During the 1985-1989 country programme, UNICEF began to channel part of its assistance to specially selected poverty-stricken counties. The programme has tested innovative approaches to integrate services, promote community involvement and strengthen the community's capacity to improve and expand the delivery of social services. It demonstrated the feasibility of combining multiple inputs from different sectors, although achievement of synergistic impacts has yet to be evaluated. In the meantime, assessment of implementation indicates the need to reorient the strategies of the ongoing programme with a view to: (a) dealing more comprehensively with national policy aspects related to children and women in poverty situations; and (b) adjusting the area-based and local-level development strategies so that they would serve as models for wide-scale replication.

Water supply and sanitation

20. The first UNICEF-assisted water supply project in China was initiated during 1985-1989 and involved a relatively costly approach of piping water from

reservoirs to villages. After this experience, attempts were made to redirect UNICEF inputs to lower-cost approaches. In the later years of the 1985-1989 cycle and in the 1990-1993 cycle, other water supply projects have been initiated in five provinces. A careful review of past experiences is currently in progress to develop detailed priorities, guidelines and potential strategies for future cooperative projects.

21. Until recently, sanitation activities have received only limited UNICEF support. However, UNICEF has begun to coordinate sanitation advocacy plans with the World Bank and other donors in an effort to raise the issue as a national priority and to strengthen national and subnational capacities for affordable, hygienic latrine improvements and hygiene education in rural areas.

Women and child development

22. Over the last decade, UNICEF has worked very closely with the All China Women's Federation (ACWF), which has well-established organizational structures and staff at all administrative levels. A review of the UNICEF-assisted women in development activities implemented by ACWF, carried out in March 1992, identified areas in which improvement would be helpful, such as better training in project management, greater emphasis on health and quality of life rather than on income only and stronger links with the health, education and other sectors. Through the provincial women's federations, UNICEF has supported innovative approaches for the education of young girls. This has included regular home visits to parents of girls to ensure that they are enrolled as well as retained in schools. Special classes for girls only have been set up in a number of schools and efforts have been made to recruit female teachers to teach these classes.

23. The Child Development Centre of China (CDCC), founded in 1982 as the technical and research arm of ACWF, has developed training and health education materials and has engaged in research and exchange of experience, both nationally and internationally, on various issues concerning total child development. Evaluations carried out in 1991 and 1992 identified areas that need to be strengthened so that CDCC can eventually become a resource centre on child development, not only to ACWF, but also on a national basis. Recommendations were made for closer collaboration with sectoral departments and other research institutions so that work can be targeted to complement the work of other organizations.

24. The non-governmental organizations (NGOs) that have implemented UNICEF-supported activities include the Song Qing Ling Foundation and the China Welfare Institute. UNICEF has been working very closely with these organizations, supporting projects on MCH, breast-feeding, early child development, family education, women's literacy and production skills training and mobile libraries for children.

Social statistics

25. In the field of social statistics, past activities have involved two major concerns: (a) the collection and preparation of existing information on the situation of children and women for use by government agencies and UNICEF; and (b) the carrying out of special multi-province surveys. In 1987, an extensive

survey was implemented by the State Statistical Bureau in nine provinces. Important information was generated that has directly influenced programmes for children and women in China. For example, the unexpectedly high neonatal tetanus rate found by the survey directly stimulated the development of a national tetanus toxoid vaccination programme for women. Based on this experience, a national survey on the situation of children involving all provinces was conducted in 1992. The survey will provide essential baseline data for the NPA.

RECOMMENDED PROGRAMME COOPERATION, 1994-1995

Recommended general resources: $36,000,000
Supplementary funding: $16,065,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	12 300	7 865	20 165
Basic education	10 200	3 000	13 200
Women and child development	3 050	300	3 350
Childhood disability/special needs	1 250	700	1 950
Social development programme in poor areas	1 350	2 000	3 350
Water supply and sanitation	1 530	2 000	3 530
Planning and social statistics	450	200	650
Programme support and advocacy	2 870	-	2 870
Unallocated reserves	3 000	-	3 000
Total	36 000	16 065	52 065

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme preparation process

26. In an attempt to synchronize future country programme cycles with national five-year development plans and the programme cycles of the United Nations Development Programme (UNDP) and UNFPA, UNICEF, jointly with the Government, agreed at the mid-term review meeting in November 1991 to prepare a two-year bridging programme for the period 1994-1995. This will position the next country programme to coincide with China's ninth five-year development plan (1996-2000). The two-year bridging period will provide opportunities to continue effective high-priority activities initiated in the current cycle, as well as to redirect selected activities so that they more fully support the priority goals of the NPA for 1995, leading towards the achievement of the goals for the year 2000.

Country programme framework

27. The basic framework for the 1994-1995 country programme derives its rationale from three main sources: (a) the assessment of the needs of children and women contained in the situation analysis; (b) the NPA, which clearly defines the major goals for the children and women of China in the 1990s and provides a policy framework within which to situate UNICEF support; and (c) the careful review of over 10 years of experience in China, out of which important insights and lessons have been distilled.

28. Three features of the situation in China have influenced the character of the country programme. First, China is unique among large developing countries in the degree to which its extensive PHC and basic education networks reach almost every village and community. Second, there is also a wide variation in the strength of these social programmes in a country as large and diverse as China. Finally, there is a recognition by both the Government and UNICEF that the limited resources provided by UNICEF must be used strategically to maximize their impact, including stimulating the mobilization of significant additional national resources in support of the NPA goals. Accordingly, the basic framework for the country programme for 1994-1995 in China will consist of the mutually supportive elements outlined below.

Advocacy and social mobilization

29. Experience has demonstrated that the Government and the people of China are willing and able to mobilize large segments of society to achieve national as well as community goals. The country programme will provide multiple opportunities to attract the support and endorsement of leaders at all levels and to energize communities and local administrations to take action for children and women. High priority for advocacy and social mobilization will include polio eradication, the elimination of neonatal tetanus, the promotion of breast-feeding, IDD control, the education of girls and basic services for poor areas.

Reducing the impact of poverty

30. Given China's major emphases on development and poverty alleviation, an important role for UNICEF will be to work with appropriate government agencies in identifying the impact of poverty and economic adjustment policies on the

health, nutrition and education of children. Support will be provided to ensure that programmes addressing the needs of children and women in poverty areas are developed or maintained through appropriate social "safety nets" with built-in mechanisms to mobilize the required resources. These concerns are incorporated into each project, but will also be addressed specifically in the social development programme for poor areas.

Capacity-building

31. In order for the country programme to contribute towards sustained progress in strengthening services for children and women and achieving the ambitious NPA goals, capacity-building must be a major element of each project. Particular attention will be directed at implementing agencies at provincial, prefectural and county levels in terms of planning, supervision, training, monitoring and evaluation capabilities. In addition, strengthening the capacity of communities and families by disseminating appropriate information and skills and promoting greater participation in decision-making will be emphasized.

Innovation and demonstration

32. The introduction of new ideas and approaches through each project will be essential if China is to move more rapidly in the next decade to further improve CSD. On the other hand, important ideas and approaches that have evolved in China need to be documented and shared with other countries. In order for new ideas and approaches to take hold and spread, their effective implementation under varying situations must be demonstrated. With its mandate to focus its limited resources, the country programme will include a significant component of support for the development and demonstration of promising models of service delivery. This will involve a geographic focus to develop programmes under difficult conditions, as well as the testing of national systems such as those for special disease surveillance or competency testing of students.

Catalytic effect

33. An important element in the country programme is the effective use of UNICEF support to stimulate the interest and commitment of government agencies for specific programmes related to children and women. Often, the selective use of external funds produces much larger allocations of domestic resources from all levels.

Country programme goals

34. The overall goals of this country programme will be: (a) to enhance the survival and quality of life of children and women within the broad framework of the NPA and the Convention on the Rights of the Child; (b) to assist the Government in achieving specific 1995 goals to lay the basis for achieving and maintaining the goals of the NPA for the year 2000; and (c) to help ensure that all Chinese children, including those who are disadvantaged and underserved, enjoy the rights embodied in the Convention on the Rights of the Child.

Health and nutrition

35. Using 1990 as the baseline, the objectives of the health and nutrition programme will be to support achievement of the following national goals for 1995: (a) a 10 per cent reduction in IMR and the under-five mortality rate through specific targeting of ARI, diarrhoea, neonatal tetanus, other neonatal conditions and injuries; (b) a 20 per cent reduction in MMR, with particular attention to reducing deaths due to haemorrhage; (c) the eradication of poliomyelitis and the elimination of neonatal tetanus; (d) ensuring 85 per cent vaccination coverage with all four EPI vaccines in every township; (e) the reduction of protein-energy malnutrition by 15 per cent; (f) ensuring that 50 per cent of children at four months of age are exclusively breast-fed; (g) having all major hospitals certified as "baby-friendly"; and (h) ensuring accessibility to appropriate case management for ARI and diarrhoeal diseases for at least 80 per cent of children under five years of age.

36. The main strategy for mortality reduction will be to concentrate UNICEF assistance in low-income, high-mortality areas of the country. Recent studies in China have documented that in areas with an average per capita income under 500 yuan ($93), improving health services has a much more direct impact on lowering infant mortality than in better-off areas. Ensuring the continuation of the MCH project in 300 poor counties with high mortality rates in a manner that will form a strong base from which MCH services can be strengthened throughout China will, therefore, be a high priority. Accordingly, important activities already instituted such as training, health education and the development of service and supervisory protocols and a functional management information system will be further strengthened and refined to provide easily replicable models, enhancing the current process of extension of improved service to all other counties. As an example, training activities covering the health workers among the 120 million population of the project counties will have been extended to other counties with a population of about 250 million by the end of 1993, with further extension planned in 1994-1995. Efforts will also be undertaken through EPI and a special mortality reduction project to strengthen already existing national activities for neonatal tetanus, ARI and diarrhoeal disease control, and to stimulate the formulation of national strategies and programmes for the control of injuries, selected neonatal problems and post-partum haemorrhage.

37. As an integral part of the care of women and children, child spacing and family planning is a significant component of the MCH project. Continued emphasis will be placed on improving the capacity of PHC workers to provide appropriate counselling services to families in this regard.

38. With the achievement of over 90 per cent coverage nationally and 85 per cent coverage in every county, strategies in support of EPI will concentrate on sustaining its present momentum, achieving high levels of coverage in every township and increasing efforts for polio eradication and neonatal tetanus elimination. Strategies will involve strengthening national and provincial capacities for disease surveillance, especially with regard to poliomyelitis, neonatal tetanus and measles; enhancing the routine monitoring of immunization coverage; and providing limited amounts of polio vaccine for selected critical periods and areas where the availability of local vaccine is

inadequate. Broad support will continue for training, supervision and cold-chain maintenance.

39. The nutrition-related objectives will be achieved by strengthening the national breast-feeding promotion programme, with a particular focus on the "baby-friendly" hospital initiative; encouraging the adoption of appropriate infant feeding, including the continuation of breast-feeding and the addition of calorically dense complementary foods after four to six months of exclusive breast-feeding; strengthening national food and nutrition surveillance linked to the monitoring of NPA goals; incorporating a focus on household and community assessment, decision-making and action to address the major problems of nutrition; supporting the development of comprehensive maternal and child nutrition activities in a limited number of poor, rural counties to serve as replicable models for widespread extension in the 1996-2000 programme of cooperation; and initiating support to selected components of the revised national IDD control programme. The latter components will include increased advocacy for IDD control, strengthening management capability, refining interventions for high-risk groups, developing improved surveillance techniques and health education. The IDD project was developed through close Government and United Nations inter-agency cooperation and is being supported by UNICEF, UNDP and WHO.

40. In support of all of the specific strategies, assistance to strengthen national- and provincial-level health education capacities and for the development of replicable county-level models for health education activities will continue. The focus of health education at all levels will continue to be on Facts for Life and messages relevant to the goals for 1995 and the year 2000.

Basic education

41. The main objective of the basic education programme is to contribute to the 1995 national EFA goals by: (a) developing approaches to ensure completion of primary education by at least 95 per cent of girls in selected economically underdeveloped and minority nationality areas; (b) improving the quality of education for children with special needs by increasing the availability of trained teachers and developing approaches to ensure participation in regular primary schools; (c) improving the internal efficiency of primary schools in selected rural areas by reducing drop-out and repetition rates at the primary stage; (d) improving the quality and relevance of primary education and enhancing learning achievement by improving educational inputs and processes, particularly in selected less developed areas; (e) expanding and improving the quality of early childhood care and education services in economically backward and minority areas, contributing to the participation of at least 70 per cent of children in the three- to six-year-old age-group; (f) improving the quality and increasing the availability of appropriate instructional/learning materials for literacy, post-literacy and continuing education programmes for girls and women; and (g) promoting the increased acquisition by children and their families of essential life skills and knowledge.

42. These objectives will be achieved by improving primary education and making it more accessible and relevant to the needs of girls in selected economically underdeveloped and minority nationality areas; developing

approaches to facilitate the integration of children with special needs in regular primary schools; upgrading the qualifications and professional competence of teachers through in-service training; strengthening the educational media network and improving the quality of distance education programmes for in-service teacher training and community education; promoting the design and production of low-cost/no-cost teaching aids; setting minimum levels of learning and developing approaches for monitoring learning achievement; promoting family- and community-based interventions for early childhood care and education; strengthening community education programmes for promoting the acquisition by children and their families of the knowledge and skills required for improved living; and developing methods and indicators for monitoring basic education goals.

43. The target beneficiaries of the education projects are preschool and primary school age children, especially those in the economically underdeveloped remote and minority nationality areas. The other group of beneficiaries are the teachers, parents and other family members of children in preschools and primary schools.

Women and child development

44. The objectives of this programme are: (a) to improve the socio-economic status of women by enhancing their literacy level and earning capacity; and (b) to improve child-rearing practices. Activities will be concentrated primarily in remote, poor areas and among minority nationalities.

45. Strategies to address these objectives include the improvement of the planning, managerial, supervisory and training skills of women workers at all levels, initially using training in production skills and income-generating activities to develop realistic models. At the same time, the aim is to strengthen the capacity of ACWF to become a more effective and efficient mass organization in support of social programmes for children and women.

46. The improvement of the status of women will be the aim of two projects, one focusing on income-generating activities linked with literacy programmes, and the other on capacity-building for cadres of women to achieve a greater decision-making and managerial role within the community. These activities will be augmented by a community services and family education project, which will emphasize the development of models of comprehensive services for communities, together with further support for expanding family education programmes. To encourage literacy and the development of good reading habits for children, continued assistance will be provided for the establishment of mobile libraries for children through which out-of-school and cultural activities will also be carried out.

47. In the area of early childhood development, efforts will focus on improving both the format and content of training provided through 200,000 informal schools for parents and by supporting relevant research, training and education activities of CDCC. Projects will continue and expand previously implemented activities, including the dissemination of information and the involvement of parents and caretakers in meeting the development needs of children and ensuring that their rights are protected. Expanded use of Facts for Life messages and materials from the Convention on the Rights of the Child

will be explicit components of these activities. In addition to its training, education and research roles, CDCC will initiate a series of activities such as policy-level seminars designed to clarify the problems of children living in poverty and the actions required to address these problems.

Childhood disability and children with special needs

48. Recognizing the need for more and better services for disabled children and children with special needs, the objectives of this programme will be: (a) to develop the capacity of the Government to provide both preventive and rehabilitative services; (b) to extend community-based rehabilitation services to all provinces; (c) to increase knowledge and information about childhood disabilities through relevant research and surveys; (d) to develop a system of screening and early detection of childhood disability; (e) to advocate for better services for disabled children by disseminating information through mass organizations and mass media; and (f) to collect more complete information about children with special needs, such as street children, in order to develop programmes to meet those needs.

49. The strategies related to these objectives will focus on improved intersectoral coordination; social mobilization, especially through the China Disabled Persons Federation; and the development of effective community-based models and the extension of these models into all provinces. Specific projects on community-based rehabilitation, hearing- and vision-disabled children and street children have been developed.

Social development programme in poor areas

50. The main objectives of this programme are: (a) to assist the Government in the formulation of policies and in the development of implementation strategies for protecting and strengthening social services for children in targeted poor areas; and (b) to develop demonstration projects at the local level for the planning, implementation and financing of basic services for children and women in poor areas, with a clear intention to apply lessons learned to the nationwide expansion of coverage of key services.

51. Two complementary approaches will be applied in this programme. In the first approach, support will be provided for the formulation of national policies for the provision of minimum basic social services for children and women in poverty areas. Of particular relevance is the need to monitor the impact of rapid economic growth and development on social services for children and women in these areas. Careful analysis of these issues should lead to the development of relevant policies and approaches to maintain and protect the essential "safety net" of services. Of critical importance will be the identification of the key policy and programme decisions necessary to mobilize and appropriately use resources for this purpose. These activities will be closely coordinated with the poverty alleviation programmes of the World Bank, UNDP and other United Nations agencies by means of an inter-agency poverty working group.

52. The second approach will involve the development of local-level programmes and strategies aimed at strengthening essential basic services. Provinces with poor counties that are targeted for poverty alleviation will be assisted to

increase access to basic services for vulnerable groups, especially children and women. The programme will seek to empower communities with the relevant knowledge and skills and mobilize local resources in order to increase the participation in and coverage of basic social services at the village level. An integrated and convergent management framework will lay the foundation for intersectoral cooperation among government agencies, the local government and communities in providing wider coverage and a more participatory programme in basic services.

Water supply and sanitation

53. With the overall objective of demonstrating sustainable and replicable models for water supply and sanitation improvement projects throughout the poor and remote regions of the country, the specific objectives of the programme are: (a) to establish a coordinated national and subnational advocacy role for the construction of affordable hygienic latrines and safe water supply systems in all rural areas; (b) to upgrade the training skills of subnational-level hygiene and sanitation extension workers; (c) to develop and produce relevant and innovative teaching aids to assist hygiene and sanitation extension workers; and (d) to provide improved water supplies for 85 per cent of all households and access to sanitary latrines for 35 per cent of the poorest households in project areas.

54. Specific strategies in support of water supply and environmental sanitation will include the strengthening of information systems, training and the development of the capacity to select, design and construct low-cost drinking water and sanitation systems. Because of limited UNICEF support and China's vast needs, close working relationships and coordination with much larger World Bank and UNDP projects will be essential.

Social statistics

55. The general objective of this programme is to strengthen the national and subnational capacity to collect, process, analyse, disseminate and use statistics related to children and women, especially those required for monitoring progress towards achievement of the NPA goals. Two important components involve the strengthening of the State Statistical Bureau and other key agencies, and the establishment of an efficient and effective intersectoral NPA monitoring mechanism. The latter component will build on existing capacities and information systems as much as possible.

Monitoring and evaluation

56. Monitoring and evaluation activities have increasingly become integral parts of the overall country programme as well as project management processes. During the current programme cycle, all major projects have had explicit monitoring and evaluation activities. This practice will continue in the proposed programme. In addition, annual reviews will provide the opportunities to evaluate progress in each project and modify targets, timetables and budgets when necessary. These monitoring and evaluation activities will provide timely feedback, not only for ongoing management, but also to assist in programming the next cycle of cooperation (1996-2000). Major evaluations planned include: (a) an evaluation of the impact of the MCH project over the past decade in

strengthening MCH services and increasing the priority of MCH within the country's social priorities; (b) periodic national EPI reviews; (c) an evaluation of the impact of community nutrition programmes in intervention areas; and (d) monitoring the progress towards EFA and NPA goals.

Cooperation with other agencies

57. Extremely close cooperation exists with UNFPA and WHO in the formulation, implementation and monitoring of the MCH family planning project, and the Government is negotiating a World Bank loan to extend this project's approach to other areas. EPI and "baby-friendly" hospital initiative activities are closely coordinated with WHO, and the IDD project has been jointly programmed with parallel UNDP and WHO inputs. The water supply and sanitation programme has been developed in close consultation with the UNDP/World Bank team implementing water supply projects. Close consultations are maintained with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and UNDP with respect to support for the government goal of universalization of basic education by the year 2000. A joint UNICEF/UNESCO project aims to strengthen government capacity to monitor this goal. An inter-agency working group on poverty alleviation has been formed to coordinate all United Nations activities in the poor areas of China. Representatives of United Nations agencies and donor Governments participated in all stages of the preparation of the present country programme and progress on implementation is discussed periodically in meetings convened by the United Nations resident coordinator.

Programme management

58. The country programme is structured to operate at both national and subnational levels. At the national level the coordinating agency for UNICEF is the Ministry of Foreign Economic Relations and Trade. Through this link, UNICEF works directly with national sectoral ministries such as those for education and health, and with the national offices of mass organizations, such as ACWF, and NGOs. All project activities are coordinated through these national links. However, project implementation requires UNICEF staff also to work directly with subnational levels such as provinces and counties.

59. The revised International Professional staffing pattern for 1992-1993 includes five core and eight project posts. Similarly, there are three core and two project posts for General Services. With the high priority China has placed on improving water supplies in rural areas, a new post (L-5) has been added in 1993 for a water supply and sanitation project officer. For 1994-1995, proposed staffing includes the shift of a senior programme officer and the information/communications officer from project to core to better reflect their core functions within the country office. Balancing this move will be a change from core to project status for the posts of programme officer for health and supply officer, leaving the total number of international core posts of five unchanged. One General Service secretary post is also proposed to be converted to a core status and a new L-2 post is to be created by shifting a project officer post for assisting in the experience exchange (overseas training) programme from New York to the UNICEF country office in Beijing.

60. Experience in the current cycle with supplementary funding is leading to an approach that emphasizes a greater number of projects, which will give more options to potential donors. At the end of 1992, out of a planned total of over $25 million for 1990-1993, about $8 million has been received. The latter figure does not include over $1 million in global funds and $480,000 for flood emergencies received by the end of 1992. With the broader range of projects to be funded in 1994-1995, it is anticipated that greater interest will be forthcoming from a number of countries. Already, approximately $2.7 million for the MCH family planning project has been committed by UNFPA. The Hong Kong UNICEF Committee has indicated its interest in raising up to $4 million for polio eradication and basic services, and continued funding for health and basic services activities is expected from the Governments of Japan and the United Kingdom of Great Britain and Northern Ireland.

61. With regard to general resources, an amount of $3 million has been retained as unallocated reserves in the country programme budget. Primarily, this amount will assist priority programmes in health which have specific 1995 targets and which may require unforeseen additional funding for items such as vaccines and supplies. A small part of this amount also will be allocated to support national and local policy development for the new social development programme for poor areas and to cover important activities not planned or foreseen at the time of the preparation of this submission.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

China (1991 and earlier years)		UNICEF country classification	
Under-five mortality rate	43	(1991)	Middle U5MR
Infant mortality rate	35	(1991)	Middle IMR
GNP per capita	$ 370	(1991)	Low GNP
Total population	1170 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Millions)	28	21	24	25
Infant deaths (under 1)	(Thousands)	2310	1040	840	875
Under-five deaths	(Thousands)	3327	1355	1032	1075
Under-five mortality rate (per 1,000 live births)		116	65	43	43
Infant mortality rate (under 1) (per 1,000 live births)		83	50	35	35

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987)	Moderate & severe	..	21 a/
	Severe	..	3 a/
Babies with low birth weight (%, 1979/1987)		6	9
% of primary school children reaching final grade (1980/1988)		66*	81

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1983-1986)		.. /../ ..	65* / 55* / ..
Prevalence of wasting (%, 1980/1987)		3	8 a/
Prevalence of stunting (%, 1980/1987)		11	41 a/
Daily per capita calorie supply (% of requirements, 1988-1990)		..	112
Food production per capita index (Index 1979-1981=100, 1980/1991)		99	138
Household expenditure (% of total income, 1980-1985)	All food/cereals		61 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			54
Access to health services	Total	..	90
(% of population, 1985)	Urban/rural	.. / ..	100 / 88
Access to safe water	Total	..	74
(% of population, 1980/1990)	Urban/rural	85*/ ..	87 / 68
Access to adequate sanitation	Total	..	..
(% of population)	Urban/rural	.. / ..	.. / ..
Births attended by trained personnel (%, 1986)		..	94
Maternal mortality rate (per 100,000 live births, 1989)		..	95

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	..	50	99	96
	DPT	..	78	97	95
	Polio	..	78	98	96
	Measles	..	74	98	95
Pregnant women (%) immunized against:	Tetanus	..	..	..	..

TABLE 1 (continued)

China

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	112 / ..	135 / 98*
	Male	121 / ..	140 / 98*
	Female	103 / ..	129 / 97*
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	46 / ..	48 / ..
	Male	54 / ..	53 / ..
	Female	37 / ..	41 / ..
Adult literacy rate, 15 years & older (%, 1990)	Total	..	73
	Male/female	.. / ..	84 / 62
Radio/television sets (per 1,000 population, 1980/1990)		55 / 4	184 / 31

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	831	996	1153	1171	1310
Population aged 0-15 years	(Millions)	347	382	339	342	366
Population aged 0-4 years	(Millions)	132	98	116	120	110
Urban population (% of total)		17	20	26	27	35
Life expectancy at birth (years)	Total	61	67	70	70	73
	Male	61	66	69	69	71
	Female	62	68	72	72	74
Total fertility rate		5.4	2.7	2.3	2.3	1.9
Crude birth rate (per 1,000 population)		34	21	21	21	16
Crude death rate (per 1,000 population)		10	7	7	7	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988)		..	72
Population annual growth rate (%, 1965-1980/1980-1991)	Total	2.2	1.5
	Urban	2.6	4.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		4.1	7.8
Inflation rate (%, 1980-1990)		..	6
Population in absolute poverty (%, 1988)	Urban/rural	.. / ..	.. / 13*
Household income share (%, 1989)	Top 20%/bottom 40%	.. / ..	38*/ 22*
Government expenditure (% of total expenditure, 1989)	Health/education	.. / ..	.. / ..
	Defence	..	8
Household expenditure (% of total income)	Health/education	.. / ..	.. / ..
Official development assistance: (1980/1991)	$US millions	66	2166
	As % of GNP	0	1
Debt service (% of goods and services exports, 1980/1990)		5	9

a/ Indicates data that differ from the standard definition or refer to only part of a country.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990–1993 a/

COUNTRY: CHINA
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $62,000,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
									Actual	Planned	Actual	Planned	Actual	Planned
	GR	FSF	GR	FSF	GR	FSF	GR	FSF						
Health and nutrition	13369	4838	3219	1320			706	409	17294	21562	6567	6764	23861	28326
Basic education	7291	22	2946				654		10891	18292	22		10913	18292
Women and child development	1378	335	852	159			294	31	2524	6886	525		3049	6886
Childhood disability	2346		1380				1013		4739	2467			4739	2467
Social development programme in poor areas b/	1046		363				153		1562	6330		18000	1562	24330
Programme support c/	717		704		2070		288		3779	6293			3779	6293
Emergency	21	290		5			86	39	107	170	334	480	441	650
GRAND TOTAL	26168	5485	9464	1484	2070		3194	479	40896	62000	7448	25244 d/	48344	87244

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.

b/ Including water supply and sanitation.

c/ Including social statistics.

d/ Of this amount, $14,700,000 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1994 – 1995

(In thousands of United States dollars)

Country: CHINA Period covered: 1994 – 1995	Funding status	1994	1995	Total
Health and nutrition	GR	6150	6150	12300
	FSF a/	1500	1065	2565
	NSF	2650	2650	5300
Water supply and sanitation	GR	750	780	1530
	NSF	1000	1000	2000
Basic education	GR	5080	5120	10200
	NSF	1500	1500	3000
Women and child development	GR	1570	1480	3050
	NSF	150	150	300
Childhood disability and special needs	GR	675	575	1250
	NSF	350	350	700
Planning and social statistics	GR	225	225	450
	NSF	100	100	200
Programme support and advocacy	GR	1375	1495	2870
Social development programme in poor areas	GR	675	675	1350
	NSF	1000	1000	2000
Unallocated reserves	GR	1500	1500	3000
TOTAL	GR	18000	18000	36000
	FSF	1500	1065	2565
	NSF	6750	6750	13500
GRAND TOTAL		26250	25815	52065

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

a/ UNFPA contribution to the jointly programmed MCH project, funded for 1990–1994 has now been extended through 1995.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

CHINA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1994–1995 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L3	D1/L4	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and nutrition	12300			12300													
Water supply and sanitation	1530			1530													
Basic education	10200			10200													
Women and child development	3050			3050													
Childhood disability and special needs	1250			1250													
Planning and social statistics	450			450													
Programme support and advocacy	2870			2870			2	5		2	9		1	10	2247	116	2363
Social development programme in poor areas	1350			1350													
Unallocated reserve	3000			3000													
TOTAL GR	36000			36000			2	5		2	9		1	10	2247	116	2363
SUPPLEMENTARY FUNDING																	
Health and nutrition		2565	5300	7865													
Water supply and sanitation			2000	2000													
Basic education			3000	3000													
Women and child development			300	300													
Childhood disability and special needs			700	700													
Planning and social statistics			200	200													
Social development programme in poor areas			2000	2000													
TOTAL SF		2565	13500	16065													
TOTAL GR & SF				52065			2	5		2	9		1	10	2247	116	2363
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994–1995)	Operating costs			1065													
	Staffing b/				1		2	2			5		4	9	1394	600	1994
GRAND TOTAL (GR + SF + ADM)					1		4	7		2	14		5	19			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)										11		5	16	N/A	N/A	N/A
	– At the beginning of proposed programme (1994)										14		5	19	N/A	N/A	N/A
	– At the end of proposed programme (1995) **(Indicative only)**										14		5	19	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years; core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION

China

Corrigendum

Page 1, boxed text, line 4

For $16,065,000 in supplementary funds

read $13,500,000 in supplementary funds

Page 7, table

Line 2, Supplementary funding: For $16,065,000 read $13,500,000

Recommended programme cooperation:

Entry for Health and nutrition, under Supplementary funds:

For $7 865 read $5 300

Entry for Health and nutrition, under Total:

For $20 165 read $17 600

Entry for Total, under Supplementary funds:

For $16 065 read $13 500

Entry for Total, under Total:

For $52 065 read $49 500

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1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Philippines

The Executive Director recommends that the Executive Board approve the country programme of the Philippines for the period 1994-1998 in the amount of $22,500,000 from general resources, subject to the availability of funds, and $37,170,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The Philippines, a middle-income country that has experienced an economic crisis since the late 1970s, has shown signs of a slow economic recovery over the last six years. In the first half of 1992, real gross national product grew by 1 per cent compared to zero growth in 1991. Constraints to economic growth include energy shortages, the giant eruption of Mount Pinatubo in 1991 and continuing huge lava mud flows, drought and typhoons, armed insurgencies, economic stabilization policies and the limited impact of land reform and other poverty reduction measures. Government efforts to follow "adjustment and development with a human face" have helped to mitigate the negative effects on basic services. Unemployment, however, reached 11 per cent and underemployment was 33 per cent in early 1992. About half of the population continue to live in poverty in both rural and urban areas.

2. During the 1980s, the population grew at an average annual rate of over 2 per cent. The population in 1990 was almost 64 million, of which almost 28 million, or 44 per cent of the total, were children under 17 years old. There are an estimated 9 million children under five years old, or 14 per cent of the total. Contraceptive prevalence among married couples of reproductive age declined from 45 per cent in 1986 to 34 per cent in 1988. In 1990, 48 per cent of the total population lived in urban areas as compared with 38 per cent in 1980. By the year 2000, as much as 70 per cent of the entire population will live in urban areas. Recent government estimates suggest that about 30,000 persons, mostly in urban areas, are infected with the human immunodeficiency virus (HIV).

3. The national election of 1986 led to a new national Government and a greater emphasis on policies concerned with reducing poverty and a commitment to children's needs. There have also been the beginnings of a movement of non-government organizations (NGOs).

4. During the 1980s, the maternal mortality rate (MMR) was about 100 per 100,000 live births, with the leading causes being illegal and induced abortions, haemorrhage, eclampsia, toxemia, hypertension and other complications during pregnancy and child birth. Utilization of maternal health services remains low due to a lack of awareness of services, security problems and uneven coverage and quality of services.

5. Government statistics are reported separately for infants and children (age 1-4 years). 1/ According to a revised estimate by a government technical committee, the infant mortality rate (IMR) declined slightly from 63 per 1,000 live births in 1980 to 61 in 1990. 2/ The major causes of death are pneumonia, diarrhoea and measles. The child mortality rate declined from 6 per 1,000 live births in 1980 to 5 in 1990. Pneumonia, measles, diarrhoea, accidents and bronchitis are the major causes of child deaths. The prevalence of moderately and severely underweight preschool children declined from 18 per cent in 1987 to 14 per cent in 1990. Micronutrient problems are mainly deficiencies in vitamin A, iron and iodine, which significantly influence mortality and morbidity patterns.

6. Almost 99 per cent of all children under seven years of age enter grade I. However, the proportion completing the primary level increased only slightly from 66 per cent in 1980 to 70 per cent in 1991.

7. Two million preschool children are reported to suffer from serious neglect, including abandonment by parents. Another 2 million school-age children, mostly early drop-outs, are not in school. Urban street children number about 1.5 million. Child labourers, aged 10 to 14 years, number 1.4 million, while 4.5 million children have been subjected to situations of armed conflict in different parts of the country during the past 20 years.

8. The Philippine Plan of Action for Children (PPAC) for 2000 and Beyond reflects the country's commitment to the World Summit goals for children and the Convention on the Rights of the Child. The Local Government Code of 1991 brings momentous change by devolving responsibility for most health, nutrition, social welfare, agriculture and some education services from national agencies to provincial, city, municipal and village governments. The national commitment to goals for children and, at the same time, a move towards decentralization, present a special challenge of creating and strengthening appropriate subnational and local capacities for planning and implementing programmes to achieve the goals for children.

PROGRAMME COOPERATION, 1988-1993

9. The first goal of the third country programme for children (1988-1993) is to strengthen key basic services for all Filipino children, e.g. universal child immunization (UCI) and universal primary education, and to help integrate them into national development efforts. A second goal is to reduce regional disparities in child survival, development and protection through the strengthening and institutionalization of local government and community capacities in seven provinces and 13 cities. These two efforts are known as the area-based child survival and development (CSD) programme and the urban basic services (UBS) programme, which aim to improve the convergent delivery of services for poor families faced with multiple problems.

10. A third goal is to make social mobilization a pervasive dimension of Government/UNICEF cooperation in order to stimulate more effectively sustainable governmental, NGO, local community and other international donor initiatives. For example, a national task force for social mobilization was formed jointly by representatives from various government departments and UNICEF, and a network was established with the participation of NGOs, professional organizations, members of the Congress and the media. In addition, social mobilization has helped to mobilize supplementary funding which has been generously provided by several donors. The following sectoral descriptions indicate performance in respect of the main goals.

Health

11. Immunization coverage increased significantly from 55 per cent in 1985 to 85 per cent for all antigens for infants by 1989, and UCI is being sustained.

However, tetanus toxoid coverage for pregnant women was only 47 per cent in 1991. Since 1986, the Government estimates that the expanded programme on immunization (EPI) has saved the lives of 146,900 children from measles or pertussis, prevented 31,400 cases of polio and averted 15,300 neonatal tetanus deaths. The Government is considering a vaccine assurance plan to sustain UCI.

12. A new comprehensive maternal and child health (MCH) project in 18 provinces is significantly increasing coverage for pregnant women and is more responsive to felt needs of the community. The Department of Health launched a pilot project for the control of acute respiratory infections (ARI) to reduce mortality caused by pneumonia, a major killer of children under five years old, and to expand the promotion of oral rehydration therapy (ORT) for the control of diarrhoeal diseases (CDD). About 3,300 public health midwives and 3,700 physicians were trained to help mothers prevent and detect pneumonia in six provinces, seven cities and the national capital region. As the pilot project is ready for nationwide expansion, more oxygen and antibiotic supplies will be required.

Nutrition

13. The promotion of breast-feeding, proper lactation and rooming-in practices in public and private hospitals was advanced when the Jose Fabella Memorial Hospital became the National Lactation Management Training Centre and 14 other medical centres became regional lactation management training centres. While 22 government hospitals have been certified as "baby-friendly", all other government hospitals will become "baby-friendly" in 1993. A "Rooming-in and Breast-feeding Act" became law in 1992.

14. The family food production project responded to a major crisis in Negros Occidental province where a rapid decline in the price of sugar led to massive unemployment in 1984 and many children died owing to severe malnutrition. UNICEF supported environmentally friendly, bio-intensive gardens and other relief and rehabilitation services. Malnutrition declined from 40 per cent in 1986 to 25 per cent in 1988. The project was expanded to other needy locations. Insecure land tenure, armed conflicts and inadequate water supply are some constraints being addressed.

Water supply and sanitation

15. The water supply and sanitation programme covered seven provinces and 13 cities and promoted environmentally friendly technologies, e.g., ferro-cement water collection tanks, improved hand-pumps and water-sealed toilets. Community and women's participation and capacity-building strengthened barangay (village) waterworks and sanitation associations. Capacity-building included technical and management training of 2,560 provincial and municipal personnel and 880 inspectors and the provision of 333 water supply systems. Community education about hygiene stressed hand-washing to prevent diarrhoea and aimed to heighten environmental awareness.

Education

16. The Government has formulated a viable education for all (EFA) plan for which assistance has been provided by UNICEF, as well as the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP), the World Bank and the Asian Development Bank (AsDB). This strong partnership continues to promote social and resource mobilization to achieve EFA goals. UNICEF assists day-care centres in seven provinces and 13 cities to expand national coverage, which remains at only 19 per cent owing to the lack of government and community resources. UNICEF assistance for the universalization of quality primary education covers 155,000 children, especially girls, from remote and cultural communities. Innovations include teacher-to-parent education in health and nutrition and multigrade and mobile teaching for small schools in remote areas. Assistance in the area of non-formal education to increase female literacy rates includes functional literacy materials, which also promote environmental awareness. They are prepared jointly by the Departments of Education, Social Welfare and Development, Agriculture, Health and Interior and Local Government.

Children in especially difficult circumstances

17. Growing public concern is stimulating more attention to children in situations of armed conflict, child labour, urban street children and child victims of natural disasters. UNICEF support for children in situations of armed conflict focuses on government/NGO collaboration, which includes the National Economic and Development Authority, the Council for the Welfare of Children, the Department of Social Welfare and Development, five national NGOs and 16 local NGOs. Counselling, health, nutrition, water supply and sanitation and education services covered more than 60,000 children. The peace education project, still at an initial stage, promotes non-violent conflict resolution in schools and communities.

18. Actions to protect child labourers in three pilot provinces are undertaken through local community advocates and monitors, with inter-agency collaboration including the Department of Labour and Employment, the Department of Social Welfare and Development, the Department of Education and provincial, city, municipal and barangay governments. Local inter-agency committees, which include NGOs, guide advocacy, functional literacy classes and training in livelihood skills for 1,800 parents of working children.

19. UNICEF coordinates its relief and rehabilitation assistance with other United Nations agencies and donors. UNICEF relief assistance included health kits, oral rehydration salts (ORS), water containers, vaccines, water purifying tablets and syringes. Earthquake rehabilitation provided 33 environmentally sound rural water supply and sanitation systems as well as nutrition and counselling services for 8,300 families. Relief and rehabilitation for Mount Pinatubo is covering 25,000 families.

Women in development

20. Women's organizations were strong in four of the seven provinces and four of the 13 cities where the Department of Social Welfare and Development and local government succeeded in linking service delivery for families with women's organizations. These organizations helped to accelerate increased utilization of MCH services by their own families and those of their peers. The social pluralism of Filipino society produces vibrant women's groups, but many are too small to reach large numbers of women. A research effort has helped to produce a checklist of indicators on how to integrate women's and girls' concerns into each stage of the project development cycle.

Evaluations and lessons learned

21. The mid-term review in 1990 and other special reviews suggest that social mobilization in a complex, pluralistic Philippine society tends to produce numerous governmental/NGO/private networks. These networks respond well to specific programme objectives, such as the elimination of iodine deficiency disorders (IDD). Therefore, the specifics of PPAC goals should be able to attract more widespread societal support with appropriate strategies for social mobilization. Achieving and sustaining UCI has generated public confidence that the country can make key breakthroughs in CSD. It is important to build on the success of EPI with initiatives such as EPI PLUS, which can efficiently integrate MCH education, vitamin A distribution, the prevention of HIV/acquired immune deficiency syndrome (AIDS) and growth monitoring and promotion into an already successful immunization service system. The area-based CSD and UBS programmes successfully targeted high-risk families by involving communities; these approaches will be replicated nationwide by local governments and NGOs. The review of programme experience and specific project-related evaluations have contributed to effective management of the current programme and to defining better the focus and strategy for the next programme of cooperation.

Country programme preparation process

22. The preparation of the proposed programme of cooperation has involved continuing close cooperation between UNICEF and the Government, beginning with the preparation of a new situation analysis of children and women. In February 1992, the National and Economic Development Authority established a steering committee at the deputy minister level to guide the exercise. From March 1992, task forces involving 20 national and local government and NGO entities formulated strategies, programmes and projects. In October 1992, the ministerial-level Social Development Committee of the National and Economic Development Authority Board endorsed a government request for this programme of cooperation. Other United Nations agencies and donors were also involved at different stages in the preparation process.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

Recommended general resources: $22,500,000

Supplementary funding: $37,170,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	5 200	10 350	15 550
Nutrition	5 170	9 070	14 240
Water supply and sanitation	1 130	1 980	3 110
Education	2 710	4 720	7 430
Women in development	500	-	500
Social mobilization and advocacy	730	-	730
Children in especially difficult circumstances c/	-	5 450	5 450
Planning and social statistics	1 620	600	2 220
Integrated basic services	3 115	5 000	8 115
Programme support	2 325	-	2 325
Total	22 500	37 170	59 670

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

c/ Includes the urban children in especially difficult circumstances component of the integrated basic services programme.

Programme objectives

23. The 1990 mid-term review, other assessments and the 1992 situation analysis of children and women suggest that this cooperation can play a major catalytic role in achieving priority PPAC goals.

24. As UNICEF resources are limited, this cooperation focuses on crucial PPAC goals which (a) correspond to the goals of the World Summit for Children and related provisions of the Convention on the Rights of the Child; (b) are closely linked to the analysis of the situation of children and women; (c) correspond well with the comparative advantages of Government/UNICEF cooperation, e.g. community empowerment; and (d) are compatible with UNICEF

assistance policies. The overall catalytic role of UNICEF will support nationwide monitoring of all PPAC goals to stimulate broader social and resource mobilization, nationwide service coverage, more focused capacity-building for local government units and a sharper focus on community empowerment.

25. The main national goals of PPAC for 2000 are: (a) to reduce IMR from 61 per 1,000 live births in 1990 to 37; (b) to reduce MMR from 100 per 100,000 live births in 1990 to 60; (c) to reduce the prevalence of severely and moderately underweight children below seven years old from 14 per cent in 1990 to 7 per cent; (d) to ensure 100 per cent coverage of basic education; (e) to provide at lease 93 per cent of the population in urban and rural areas with access to safe drinking water and sanitation facilities; (f) to increase adult literacy, especially among women, from 90 per cent in 1990 to 98 per cent; and (g) to improve the protection of children in especially difficult circumstances. To achieve those goals, more detailed plans of action are being developed at subnational levels and the resource requirements will be reflected in the 1993-1998 medium-term plan.

26. The Government/UNICEF programme of cooperation aims to help advance the above goals through achieving, in particular, the following objectives by 1998: (a) to sustain UCI coverage above 90 per cent and to increase tetanus toxoid coverage of pregnant women from 43 per cent in 1990 to 80 per cent; (b) to virtually eliminate vitamin A deficiency and the consequences of IDD and iron deficiency anaemia; (c) to reduce the incidence of low-birth-weight babies from 15 per cent in 1990 to 10 per cent; (d) to increase the primary school cohort survival rate from 68 to 80 per cent and to provide early childhood care and development for 90 per cent of all preschoolers; (e) to improve protection and basic services for 80 per cent of the children in situations of armed conflict, reduce by 90 per cent the number of working children in hazardous jobs and provide protection and rehabilitation to 70 per cent of abused and exploited children; and (f) to have children's participation in planning and policy formulation in 50 per cent of all municipalities and 80 per cent of all cities.

Programme strategies

27. There are six principal programme strategies:

(a) The country programme will take advantage of the implementation of the Local Government Code to help expand services that have a direct impact on reducing problems associated with child survival, development and protection such as the control of ARI;

(b) Capacity-building and community empowerment will be supported by emphasizing service delivery activities including (i) a common focus on priority PPAC goals; (ii) social mobilization, especially to reach poor families; (iii) well-defined target groups, especially pregnant and lactating women and children under five years old; and (iv) sharply focused information, education and communication activities which, inter alia, promote environmental awareness and sustainable development;

(c) Chief executives of local government will be assisted in implementing the Local Government Code in order to increase local government capacity and accountability for achieving PPAC goals;

(d) Social mobilization permeates every programme to cultivate sustainable governmental, NGO, community and private sector leadership for achieving PPAC goals, e.g. universalization of quality primary education;

(e) This cooperation will play a catalytic role in mobilizing resources for PPAC, including innovations such as debt swap and debt relief, and the inclusion of PPAC goals in both national and local development plans;

(f) Improving the information base of the situation of children, begun in 1991, will be continued for effective advocacy, social mobilization and improved delivery of services, e.g. the prevention of HIV/AIDS.

Coverage

28. Different aspects of the programme will serve 14 of the 15 regions in the country, 40 of the 75 provinces and 14 of the 60 cities. The programme will cover about 44 million, or 70 per cent of the country's population, of which 7 million are children under five years old. A combination of four geographic approaches will be used to reach the programme objectives by 1998 and the PPAC goals by 2000: (a) virtual nationwide coverage with social mobilization and capacity-building through local government planning and monitoring of PPAC goals and EPI PLUS services; (b) full coverage with health, nutrition and education services in 20 provinces known as high-impact areas because of their large numbers of births and children; (c) convergent delivery of all services to 7 provinces, 8 cities and 13 municipalities to reduce disparities with other localities; and (d) expanded service coverage to special areas with children in especially difficult circumstances, including natural disasters.

Social mobilization, planning and evaluation

29. Social mobilization, national and local planning to meet PPAC goals and monitoring and evaluation are the three dimensions of the catalytic role of UNICEF in PPAC. Social mobilization will generate provincial, city and municipal and community plans of action to achieve PPAC goals nationwide. Annual nationwide monitoring of PPAC goals in all localities and communities should produce performance reports with crucial follow-up actions for mobilizing resources. With the Council for the Welfare of Children as the focal point for PPAC, the mid-programme review in 1996 will assess how well PPAC is being operationalized nationwide and provide guidance for any modifications required in programme implementation.

Maternal and child health

30. The programme will expand and strengthen the primary health care (PHC) service system, especially to sustain UCI and expand the control of ARI, CDD and MCH service coverage. Additionally, UNICEF will support the prevention of HIV/AIDS through EPI PLUS and MCH services, with linkages to UBS, the

development of women and adolescent girls, and non-formal education. Major mid-decade progress indicators will include the eradication of poliomyelitis and the elimination of neonatal tetanus by 1995. Altogether, between 9.7 million to 10.5 million children under five years old, 2.3 million to 2.5 million pregnant women and 16.7 million to 18.1 million women of child-bearing-age will be covered.

31. Women's health and safe motherhood services will (a) train 12,500 rural health midwives, 12,500 traditional birth attendants and 15,000 community health volunteers who will promote birth spacing and upgrade pregnancy care; (b) integrate initiatives such as the prevention of anaemia into prenatal services; and (c) upgrade essential obstetrical and emergency services. Breast-feeding, weaning and growth monitoring and promotion services will cover 800,000 pregnant and lactating women. All government hospital staff and 80 per cent of all private hospital staff will be trained in lactation management to reach 80 per cent of all mothers.

32. EPI PLUS will (a) sustain 90 per cent coverage of infants and 80 per cent coverage of pregnant women with neonatal tetanus vaccines nationwide; (b) improve the quality of services so that immunizers correctly sterilize needles and syringes and administer vaccinations; and (c) help rural health midwives to integrate MCH services into EPI sessions, administer vitamin A capsules and provide education and counselling services on the prevention of HIV/AIDS and hepatitis, the control of ARI, CDD, breast-feeding and growth monitoring and promotion. New national legislation for EPI will set the immunization schedule and budget for vaccines to strengthen sustainability.

33. CDD services will serve 9 million to 11 million children under five years of age and will be closely linked with the environmentally friendly water supply and sanitation programme. Altogether 80 per cent of all families will use ORT and have access to ORS, with 6 million packets produced locally per year; 70 per cent of the families will use proper feeding practices during diarrhoeal episodes; and 60 per cent of the families will practise exclusive breast-feeding for at least six months and learn how to prepare weaning foods correctly using proper hygiene, to wash their hands properly and to protect the community environment from careless disposal practices.

34. Services for the control of ARI aim to reduce pneumonia deaths among children through prevention, early detection and standard case treatment. The purpose of training and family education is to have 90 per cent of all child pneumonia cases treated properly and 80 per cent of all mothers in the high-impact, convergent delivery and special needs areas, as well as 100 per cent of all community health volunteers, reached for proper home care and referral. By 1995, all government health facilities will have the capacity to provide services for the control of ARI.

Child and maternal nutrition

35. The Departments of Health, Agriculture, Social Welfare and Development, Education, and Interior and Local Government, along with the National Nutrition Council and local governments, will expand and link child and

maternal nutrition services more closely with EFA and development for women and adolescent girls. High priority will be given to (a) expanding the coverage of growth monitoring and promotion for children under the age of three years on a nationwide basis, with such activities being organized by strengthened communities; (b) eventual nationwide coverage of micronutrient supplementation and food fortification services (vitamin A, iron folate, iodinated capsules and iodized salts), with the involvement of NGOs and the private economic sector; and (c) wider coverage for family food production for food security based on the experiences with bio-intensive gardens and other initiatives. Strengthened support services will include nutrition advocacy; capacity-building of local governments; and community assessment, nutrition surveillance and operations research. Coverage will include 40 provinces and 3 metropolitan areas with 200,000 low-birth-weight infants, 4.5 million children aged 1 to 3 years, 1.5 million pregnant and lactating women and 10 million women of child-bearing-age.

36. With regard to growth monitoring and promotion, rural health midwives will organize weighing and counselling services for mothers. Linkages will be made with 6,800 demonstration gardens at community health centres, primary schools and selected households, and 340 communal nurseries, with leadership from 340 rural women's organizations.

Water supply and sanitation

37. This environmentally conscious programme has been designed to accelerate efforts to improve health impact through improved monitoring systems at national and local levels, and training and post-training support in communication skills for advocacy and social mobilization for 540 provincial and city trainers so that 60 per cent of all households nationwide improve their utilization of services, including waste disposal. Another thrust will cover 41 million people in the 7 convergent service provinces, 20 high-impact provinces and 3 metropolitan areas in the proper utilization of environmentally appropriate water supply and sanitation technologies, and better organization of village water supply and sanitation associations to strengthen community participation.

Education for all

38. The initiatives will further strengthen an already advanced educational system, especially to serve better the poor, girls, women and cultural communities. Early childhood care and development activities will provide learning and socialization for 4.4 million children under six years old through the training of 15,000 day-care workers and parents in 15,000 villages. These activities will be undertaken in collaboration with the Department of Social Welfare and Development and local governments.

39. The universalization of quality primary education aims to increase primary cohort survival from 63 to 70 per cent in 3,100 primary schools in 24 provinces and 3 metropolitan areas through: (a) improving multigrade teaching by upgrading teacher skills; (b) instituting a no drop-out learning system so that children can move between formal and non-formal education

activities to accommodate changing family situations; (c) expanding and revitalizing teacher training for members of cultural communities, and increasing the coverage of the teacher-child-parent approach to promote family health and nutrition; and (d) integrating early childhood care and development into grade I to reduce drop-outs and instituting curricular and other reforms for Islamic religious schools (Madaris). Non-formal education, functional literacy and continuing education will help to increase basic literacy among out-of-school youth from 86 to 93 per cent and increase the proportion of out-of-school youth with quality basic education.

40. Advocacy and social mobilization activities aim to strengthen national, social and resource mobilization, including the private economic sector, through a new EFA Foundation; and to increase social and resource mobilization capacities of 34 provinces and 14 cities.

Children in especially difficult circumstances

41. Coverage will include 27 provinces and 14 cities for 135,000 families with children in situations of armed conflict, 133,000 child labourers and 40,000 urban street children. UNICEF will support the increased promotion of peace education initiatives in special areas. Capacity-building will help to strengthen families and communities so that they are equipped to deal with PHC and environmental protection needs such as water supply and sanitation, first aid, growth monitoring and promotion, preschool and primary education, and counselling services for trauma to complement similar services by government agencies and NGOs.

42. The child labour project will sharpen the focus on promoting compliance of employers and families to existing laws on excluding children from hazardous occupations; mobilize a wider range of participation from employer and entrepreneurial groups to help parents of working children increase their income; and promote universal primary education and secondary education to serve these children. Prevention and community-based rehabilitation of childhood disabilities are integrated into health, nutrition and education programmes, e.g. safe motherhood, micronutrient deficiencies and universal primary education. UNICEF assistance for 40,000 urban street children will be integrated into UBS activities.

Development of women and adolescent girls

43. This initiative will serve as an umbrella for nationwide advocacy, coordination and demonstration activities in 40 provinces, 14 cities and 13 urban municipalities for 1 million women and girls. Advocacy to raise awareness about the major needs of women and girls will reach 32,000 policy makers, programme managers and services workers at national, provincial, municipal and barangay levels. Some 190,000 women and 7,600 women's groups (which will be established) will be trained in the organization of community health activities and the development of more effective legal, livelihood, child-care and other basic services for women and girls.

Integrated rural and urban basic services

44. This programme supports the Department of Interior and Local Government in the implementation of the Local Government Code, linking it with all other programmes, e.g. health, nutrition and education. The thrust is to expand social mobilization, capacity-building and the delivery of services through local governments to reach vulnerable families with multiple problems. Capacity-building for provincial, city and municipal government will focus on local government and community planning, coordination and monitoring and evaluation at all the selected locations. Advocacy will include the dissemination of programme experiences nationwide through the Leagues of Governors and Mayors and public administration institutes. The rural integrated services programme aims to reduce disparities and reach poor families facing multiple problems in the seven provinces designated for convergent basic services with coverage of 2 million children, over 1 million primary school children and 1 million pregnant and lactating women. UBS, including the street children project, will serve 5 million children and 3 million women with the same services as in the provinces by expanding successful community organizing initiatives and universal coverage for health, nutrition and education services.

Child victims of natural disasters

45. This programme will reduce the impact of serious natural disasters on children by integrating services for children in natural disaster plans and more accurately targeting services for disaster prone areas.

Programme management

46. Implementation of the Local Government Code is generating a massive realignment of roles and responsibilities between national and local governments on policy, planning, implementation, monitoring and evaluation of basic services. The Code opens the way for more local government initiatives to meet PPAC goals. Regional offices of national agencies, for example, of the National Economic and Development Authority and Departments of Health, Education and Social Welfare, will play more supportive roles in expediting local government planning and the delivery of basic services. In this context, the UNICEF Manila Office will strengthen programme coordination among its programme sections to match the Government's growing emphasis on both accelerating nationwide coverage of basic services and strengthening the roles of local governments in ensuring basic services. Beginning in 1994, five new national project officer positions will be added for nutrition, education, the coordination of urban/rural basic services, information and programme support communication.

47. The catalytic role of UNICEF with the PPAC also concerns improving linkages with other United Nations agencies that also play important roles. As a result, this programme has been developed in close collaboration with the United Nations system, including UNDP, the World Health Organization, UNESCO, the United Nations Population Fund, the International Labour Organisation, the Food and Agriculture Organization of the United Nations and the World Food

Programme, as well as AsDB and the World Bank, in terms of the formulation of strategies, programmes and projects. UNICEF consultations with other international donor organizations have been helpful. There will be appropriate collaboration as well in programme implementation. Donors such as the Canadian International Development Agency, the Australian International Development Aid Bureau and a number of National Committees for UNICEF have contributed greatly during the past programme cycle and their continued support will be essential.

Notes

1/ Mortality data in the Philippines are collected for infants (age 0-1 year) and for children (age 1-4 years); therefore, the child mortality rate cannot be compared with the under-five mortality rate. Attempts will be made for adjustment in data collection during the proposed programme cycle.

2/ With reference to table 1 where IMR is cited as 45 per 1,000 live births in 1990 from the United Nations Population and Vital Statistics Report for 1990, the Government of the Philippines has yet to submit the revised estimate of 61 per 1,000 live births for IMR to the United Nations.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Philippines	(1991 and earlier years)			UNICEF country classification
Under-five mortality rate		46	(1991)	Middle U5MR
Infant mortality rate		34	(1991)	Middle IMR
GNP per capita	$	740	(1991)	Lower-middle GNP
Total population		63.8 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	1417	1748	1963	1975
Infant deaths (under 1)	(Thousands)	94	92	70	67
Under-five deaths	(Thousands)	143	134	95	90
Under-five mortality rate (per 1,000 live births)		99	79	49	46
Infant mortality rate (under 1) (per 1,000 live births)		64	53	36	34

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1989-1990)	Moderate & severe	33 a/	34
	Severe	2 a/	5
Babies with low birth weight (%, 1990)		19*	15
% of primary school children reaching final grade (1980/1988)		65	71

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1978/1987)	79/70/53	.. / 74* / ..
Prevalence of wasting (%, 1990)	7	14
Prevalence of stunting (%, 1989-1990)	42	45
Daily per capita calorie supply (% of requirements, 1988-1990)	..	104
Food production per capita index (Index 1979-1981=100, 1980/1991)	100	82
Household expenditure All food/cereals (% of total income, 1980-1985/1988)	51/20	51*/ 16*

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			25
Access to health services	Total	..	75*
(% of population, 1987)	Urban/rural	.. / ..	77* / 74*
Access to safe water	Total	52	81
(% of population, 1985/1990)	Urban/rural	49 / 0	93 / 72
Access to adequate sanitation	Total	73	70
(% of population, 1980/1990)	Urban/rural	81 / 67	79 / 63
Births attended by trained personnel (%, 1987)		..	55
Maternal mortality rate (per 100,000 live births, 1987)		..	100

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	61	76	96	96
	DPT	51	59	88	89
	Polio	44	61	88	90
	Measles	..	55	85	88
Pregnant women (%) immunized against:	Tetanus	37	55	43	52

TABLE 1 (continued)

Philippines

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	113 / 94	111 / 99
(%, 1980/1989)	Male	113 / 94	111 / 100
	Female	113 / 94	110 / 98
Secondary enrolment ratio (gross/net)	Total	65 / 46	73 / 54
(%, 1980/1989)	Male	61 / 43	72 / 53
	Female	69 / 49	75 / 55
Adult literacy rate, 15 years & older	Total	83	90
(%, 1970/1990)	Male/female	84 / 81	90 / 90
Radio/television sets		43 / 22	138 / 41
(per 1,000 population, 1980/1990)			

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	38	49	62	64	76
Population aged 0-15 years	(Millions)	18	22	26	27	29
Population aged 0-4 years	(Thousands)	6357	7586	9091	9157	9558
Urban population (% of total)		33	37	43	43	49
Life expectancy at birth	Total	57	61	64	65	67
(years)	Male	56	59	62	63	65
	Female	59	63	66	67	69
Total fertility rate		5.8	4.9	4.1	4.0	3.4
Crude birth rate (per 1,000 population)		39	36	32	31	26
Crude death rate (per 1,000 population)		11	9	7	7	6

		About 1980	Most recent
Contraceptive prevalence rate		37	36
(%, 1978/1988)			
Population annual growth rate	Total	2.9	2.5
(%, 1965-1980/1980-1991)	Urban	4.0	3.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		3.2	-1.2
(%, 1965-1980/1980-1991)			
Inflation rate (%, 1965-1980/1980-1990)		12	15
Population in absolute poverty	Urban/rural	36* / 56*	52 / 64
(%, 1978/1988)			
Household income share	Top 20%/bottom 40%	.. / ..	52*/ 14*
(%, 1988)			
Government expenditure	Health/education	5 / 13	4 / 17
(% of total expenditure, 1990)	Defence	16	11
Household expenditure	Health/education	.. / ..	2* / 3*
(% of total income, 1988)			
Official development assistance:	$US millions	300	1231
(1980/1991)	As % of GNP	1	3
Debt service		7	16
(% of goods and services exports, 1990)			

a/ Indicates data that differ from the standard definition, or refer to only part of a country.
* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

/...

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1993 a/

COUNTRY: PHILIPPINES
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $22,865,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SP		Total (GR & SP)	
	OR	PSP	OR	PSP	OR	PSP	OR	PSP	Actual	Planned	Actual	Planned	Actual	Planned b/
Health c/	3589	5749	1681	1318	218	410	2592	2336	8280	9963	9819	7369	18099	17332
Household food security and nutrition	591	68	358	153	23		694	387	1646	2241	688	1968	2274	4209
Water supply and sanitation	388	177	86	42			154	43	630	1140	242	3043	882	5083
Education	101	109	489	147	33		675	146	1290	1780	982	1683	1780	3463
Community organization and development	107	53	397	172		66	631	609	1135	1123	980	1057	2115	2180
Women-centred programme	10	31	235	96	9	10	208	21	462	574	158	940	620	1514
Children in especially difficult circumstances d/	303	563	350	783	27	271	825	2701	1305	1969	4518	4715	5823	6684
Social mobilization and advocacy	439	3	51		90		667	65	1347	1284	68		1515	1284
Planning and social statistics	291	138	96	43	264	107	1293	204	1944	988	492	3201	2436	4189
Programme support	112	3	7		269	6	381		769	1803	9		778	1803
Emergency	450	797	23	91			100	778	575	200	1666	2813	2239	3013
Freight	213	60							213		60		273	
GRAND TOTAL	6586	7751	3973	2845	933	870	8220	7370	19712	23065	18836	27629 e/	38548	50604

OR = General resources.
PSP = Funded supplementary feeding.
SP = Supplementary feeding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Planned amount refers to amount planned for the period 1988-1993.
c/ Including health expenditure in the area-based programme.
d/ Including urban street children.
e/ Of this amount, $4,000,000 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1994 - 1998

(In thousands of United States dollars)

Country: PHILIPPINES Period covered: 1994 - 1998	Funding status	1994	1995	1996	1997	1998	Total
Health	GR	940	940	1040	1140	1140	5200
	FSF	150					150
	NSF	1000	2400	2600	2250	2100	10350
Nutrition	GR	1045	1095	1055	965	1010	5170
	NSF	1000	1820	2450	2250	1550	9070
Water supply and sanitation	GR	190	210	240	260	230	1130
	NSF	300	330	500	450	400	1980
Education	GR	470	520	550	620	550	2710
	NSF	600	750	1300	1000	1070	4720
Women-centred programme	GR	100	100	100	100	100	500
Children in especially difficult circumstances	FSF	180					180
	NSF	570	1180	1340	1210	1150	5450
Social mobilization and advocacy	GR	160	160	150	130	130	730
Planning and social statistics	GR	280	280	380	330	350	1620
	NSF	120	120	120	120	120	600
Programme support a/	GR	465	465	465	465	465	2325
Integrated area-based programme	GR	850	730	520	490	525	3115
	NSF	580	900	1190	1220	1110	5000
TOTAL	GR	4500	4500	4500	4500	4500	22500
	FSF	330					330
	NSF	4170	7500	9500	8500	7500	37170
GRAND TOTAL		9000	12000	14000	13000	12000	60000

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.
a/ Includes allocation for reserves.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PHILIPPINES

PROGRAMME SECTIONS/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET 1994–1998 (In thousands of US dollars)				POSTS a/ and b/										TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
					EXISTING POSTS						SUBTOTAL							
	GR	PSF	NSF	TOTAL	D2/L	D1/L4	P4/L3	P4/L4	P4/L3	P4/L2	IP	NP	GS			IP	LOCAL	TOTAL
GENERAL RESOURCES																		
Health	5200			5200								3	4		7		865	865
Nutrition	5170			5170								1	2		3		335	335
Water supply and sanitation	1130			1130								1			1		151	151
Education	2710			2710								1	1		2		243	243
Women-centred programme	500			500									1		1		92	92
Social mobilization and advocacy	730			730														
Planning and social statistics	1620			1620														
Programme support	2325			2325								3	6		9		949	949
Integrated area-based programme	3115			3115				1			1	5	7		13	670	1233	1903
TOTAL GR	22500			22500				1			1	14	21		36	670	3868	4538
SUPPLEMENTARY FUNDING																		
Health		150	10350	10500									1		1		196	196
Nutrition			9070	9070														
Water supply and sanitation			1980	1980								1			1		151	151
Education			4720	4720								2	5		7		979	979
Children in especially difficult circumstances		180	5450	5630														
Planning and social statistics			600	600														
Integrated area-based programme			5000	5000														
TOTAL SF		330	37170	37500								3	6		9		1326	1326
TOTAL GR & SF				60000				1			1	17	27		45	670	5194	5864
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed 1994–1995)	Operating costs	662																
	Staffing b/					1	1				2	6	20		28	589	1611	2200
GRAND TOTAL (GR + SF + ADM)						1	1	1			3	23	47		73			
	Number of posts and staff costs:																	
	– At the beginning of previous programme (1988)										2	10	29		41	N/A	N/A	N/A
	– At the beginning of proposed programme (1994)										3	23	47		73	N/A	N/A	N/A
	– At the end of proposed programme (1998) (Indicative only)										3	23	47		73	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years; core posts are funded for two years.

Abbreviations: GR = general resources; PSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative

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E

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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Bangladesh

The Executive Director recommends that the Executive Board approve the country programme of Bangladesh for the period 1993 to 1995 in the amount of $52,800,000 from general resources, subject to the availability of funds, and $56,821,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendation for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Combination of three physical characteristics distinguishes Bangladesh: high population density; widespread poverty; and a volatile environment. These characteristics have constrained improvements in the situation and lives of women and children. Material poverty is the norm. The per capita gross national product was $200 in 1990, and six out of seven people lived in absolute poverty. Using another indicator - nutritional status - more than 60 per cent of the population of the country live below the poverty line, which is defined as the consumption of 2,100 calories or less per day.

2. Since its creation in 1971, Bangladesh has been working to establish a democratic political system. The election of a national parliament by popular vote in 1991 has moved this process forward. While the current reorganization of the economy (privatization, decontrol and a free market orientation) is expected to result in accelerated economic growth, close attention must be paid to promptly identify and correct any adverse social consequences. Several safety net programmes are already in place which have had varying degrees of efficiency and effectiveness. Bangladesh enjoys a comparatively strong physical infrastructure.

3. More than 75 per cent of the total development budget of Bangladesh comes from foreign aid. Donors largely favour capital investment and the Government is left with ever-increasing recurrent expenditures. This mode of external assistance strains limited government resources and means that they cannot always be used optimally.

4. Difficult conditions prevail for children in Bangladesh, which are even worse for girls. Throughout her life, from the food she eats to the schooling that defines her future hopes, the girl gets less. Infants are at severe risk. In 1991, one half of all the people who died in Bangladesh were children under five years of age. Of every 1,000 children born, fewer than 100 are delivered by a traditional, trained birth attendant (TBA) and 280 are low-birth-weight babies. As a result, out of these 1,000 babies, 12 die within hours after birth from birth injuries or because of prematurity. Another 23 babies die during the first week of life, mostly because of prematurity and from neonatal tetanus. Current tetanus toxoid coverage for mothers, more than 70 per cent, has reduced these deaths by one third, but the number of deaths remains at about 50,000 per year. Another 75 of those 1,000 infants die before reaching their first birthday. Major causes are acute respiratory infections (ARI), diarrhoea and malnutrition, and tetanus. Although breast-feeding is universal in Bangladesh, mothers rarely breast-feed soon after birth. Moreover, most children are not protected by exclusive breast-feeding: 9 out of 10 babies receive supplementary foods before they are five months old.

5. Another 31 of each 1,000 babies die between the ages of one and five years. Thus, as reported in the State of the World's Children 1993 report, under-five mortality rate (U5MR) was 133 per 1,000 live births. Each year there are over 65 million episodes of diarrhoea in children under five years of age, resulting in 260,000 deaths - one third of all child deaths. Only 16 per cent of rural households use tube-well water for all purposes; the other households, by using unsafe water, nullify the effect of a readily available safe water supply. Sanitation continues to be a major problem; only one fourth of rural households

have access to sanitary latrines. The high population density, combined with unsanitary defecation practices, result in high exposure of the population to pathogens.

6. More than 90 per cent of children are malnourished by the age of 12 to 18 months. This is due not only to poverty and a lack of food, but also results from ill health and inadequate caring practices. Almost 100 children a day go blind because of vitamin A deficiency and more than one half of this number die. Less severe vitamin A deficiency affects 1 million children between the ages of 6 and 72 months. A 1982 survey by the Institute of Public Health and Nutrition concluded that about 38 per cent of the population suffered from obvious iodine deficiency disorders (IDD); in some northern districts the prevalence of goitre reaches 50 to 80 per cent. It is likely that nearly all have marginal iodine deficiency.

7. Between 1985-1990, immunization coverage increased from less than 2 to 65 per cent for the third dose of combined diphtheria/pertussis/tetanus (DPT) vaccine and nearly 90 per cent for anti-tuberculosis (BCG) vaccine. A joint Government/World Health Organization (WHO)/UNICEF coverage survey in February 1991 assessed that of all children 12 to 17 months of age, 86 per cent had received BCG, 69 per cent three doses of DPT and oral polio vaccines and 65 per cent measles vaccine before the age of 12 months. Coverage of women by tetanus toxoid was 74 per cent.

8. Although about 77 per cent of children enrol in school, only one half of them attend regularly and almost one half of them drop out altogether, especially in the first two years. About 35 per cent of those who enter the system in grade I finish the five years of primary school and a mere 5 per cent are able to complete the high school certificate examination in grade XII. Fewer girls enrol than boys and more girls drop out, and more urban children are enrolled than rural. Among the poorest rural people, illiteracy is virtually universal.

9. Young motherhood is the norm, with one half of all women married by the time they are 18 years old. The age at first marriage is rising, but as recently as 1974 one out of two women was married by 16 years old. This has not yet had a major impact on fertility, as women who marry very young generally do not bear children right away.

10. Adolescent girls typically do not have adequate nutrition and thus their growth is often stunted. They are usually anaemic, and when they have their first baby, especially if they are under 20 years old, their risk of dying is high. At the other end of the scale are women over 35 years old or who have already had more than five babies. On average, 15 per cent of pregnancies occur in the high-risk group, accounting for 600,000 pregnancies at any one time. With each pregnancy an already undernourished body becomes further depleted and the risk of dying increases. The maternal mortality rate (MMR) is 600 per 100,000 live births, among the highest in the world. Less than one third of pregnant women receive any prenatal care beyond tetanus toxoid immunization, and none of the 460 health centres at the thana (subdistrict) level are equipped to help a woman who has an obstructed labour or who is haemorrhaging. The number of couples who use contraceptives has risen steadily over the last 15 years from about 7 per cent in 1975 to 40 per cent in 1991, and the total fertility rate has declined from 7.5 births in 1970 to 4.9 births in 1988. None the less,

almost 50 per cent of pregnancies are unplanned and often unwanted. The use of contraceptives is much higher in urban than in rural areas and among women in their thirties.

PROGRAMME COOPERATION, 1988-1992

11. The Bangladesh country programme is prepared, monitored and periodically adjusted through a mechanism known as the Joint Government/UNICEF Advisory Group (JGUAG). This group, which is chaired by the Planning Commission, brings together all the sectoral ministries with which UNICEF works. Other United Nations agencies, donors and non-governmental organizations (NGOs) also participate as observers.

12. The current programme is guided by policy objectives of the government five-year plan and the UNICEF medium-term plan dealing with poverty alleviation; universal primary education; acceleration of the reduction of infant, child and maternal mortality; and the slowing of population growth through improvements in the well-being of children and their mothers.

Women's issues

13. Women's issues have been increasingly addressed in each project. The main social development sectors have designated focal points to review, include and monitor women's issues. For the first time, a major chapter on women in development was added to the Government's fourth five-year plan. Bangladesh promoted the idea of the Decade for the Girl Child in the region of the South Asian Association for Regional Cooperation. As a part of the regional effort, the Government made specific plans to reach girls and to initiate gender planning and awareness training, and UNICEF provided support for these efforts. There remains, however, a critical lack of adequate resources and a weak infrastructure to deal with the problems women face. Experimental and demonstration programmes for women are needed, as well as the incorporation of women's concerns in mainstream programmes. UNICEF also supported the social component of the Grameen Bank activities, including training in banking and credit management.

Health

14. The health objectives supported by UNICEF addressed major causes of child and maternal mortality, as well as improvements in the nutrition and health status of children and women. UNICEF participates in overall health sector coordination as a member of the World Bank-led Fourth Population and Health Consortium. The process of immunization involves 15 million contacts each year with mothers and infants, and these contacts are now also used to promote family planning. The health care delivery system was also strengthened through the establishment of 100 oral rehydration therapy (ORT) corners and the extensive training of counterparts in the control of nutritional blindness, the control of diarrhoeal diseases (CDD) and training in maternal care and safe motherhood.

15. CDD efforts have continued to promote the proper management of diarrhoea. Based on the findings of a 1992 health facility survey conducted jointly with WHO, the mid-term review adjusted the master plan of operations to give priority to the formulation of a comprehensive communications strategy for CDD. The

national oral rehydration project, which accounts for one half of the oral rehydration salts (ORS) produced in Bangladesh, was reviewed jointly by the Government, WHO, the World Bank and UNICEF in mid-1990.

Nutrition

16. In this sector, legislation was passed to control the marketing of breast milk substitutes with many hospitals working towards becoming "baby-friendly". Other legislation was passed in 1989 to mandate the iodation of all salt by 1993 through the provision of iodation plants to all private salt crushers, and 90 salt iodation plants have already been installed. Advances have been made in the nutritional blindness prevention programme. In collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Helen Keller International, the Institute for Public Health Nutrition and the Bangladesh Rural Advancement Committee (BRAC), UNICEF has financed studies on vitamin A and coordinated trials of a new dispenser that will make the administration of vitamin A more accurate, effective and acceptable for both health workers and mothers.

Education

17. Long a neglected sector, education has recently enjoyed stronger government commitment, especially for primary education. Progress is now being made in the formal and non-formal sectors, with an increasing role for NGOs. UNICEF supported the development of a revised curriculum intended to help students in each grade acquire a certain level of skills and knowledge. UNICEF also supported the production and distribution of textbooks, teacher-training materials, the strengthening of management and supervision, and community participation. Increased national awareness about girls' education and the need for primary education is reflected in policies adopted in 1992 on free education for rural girls up to class VIII and legislation on compulsory primary education. UNICEF advocated the development of a non-formal education policy and supported programme development for functional literacy through five NGOs and schools set up by BRAC, which received the 1992 UNICEF Maurice Pate Award for its contribution to the education for poor girls.

Water supply and sanitation

18. Bangladesh is one of the few countries to have reached the water supply goals of the International Drinking Water Supply and Sanitation Decade. On average, 85 per cent of the rural population have access to safe drinking water within 150 metres. UNICEF has supported the Government through the Department of Public Health Engineering (DPHE) in introducing low-cost, appropriate water technologies in rural areas. A recent survey showed that in rural areas, 90 per cent of the public tube-wells and 96 per cent of the private tube-wells are in operating condition. During this planning period, the Government accelerated implementation; the rate of installation of tube-wells in rural areas is almost 100 per cent of the planned targets.

19. Progress in sanitation has moved rapidly, but coverage is still low, which limits progress in public health. In 1988, fewer than 8 per cent of households had waterseal latrines; the government target for sanitation coverage of rural areas for 1995 was 11 per cent. The Government, with UNICEF support, has introduced an "integrated approach" which advocates a package of latrine usage,

good hygienic habits and the use of safe water. UNICEF has collaborated with DPHE to forge alliances with other partners. UNICEF has also provided DPHE with support for construction materials, training and subsidies. These policy changes, combined with greater emphasis on sanitation in many NGO programmes, have helped to increase the coverage of all types of latrines to 26 per cent in 1992. On the basis of this improvement, the Government revised the target for 1995 up to 35 per cent.

Urban basic services

20. The slum improvement project is being implemented in 100 communities in 20 urban areas, benefiting 18,000 families. It has helped women in these areas to acquire new skills and has provided loans with which women can set up their own income-generating activities.

Children in especially difficult circumstances

21. This programme is in its infancy. To respond to the increasingly difficult situation that faces street children, UNICEF has supported activities that focus largely on awareness- and network-building and training. Some key actions include the organization of Shishu Adhikar (Children's Rights) Forum, a network of agencies working for disadvantaged children; the preparation of an inventory of agencies with projects for disadvantaged children in urban areas; the printing of books and a syllabus for use in the vocational schools for working children; the training of child-care providers and children on the Convention on the Rights of the Child; and action research on street children and girl domestics.

Area-based programme

22. The Government has accorded priority to the economic and social development of the Hill Tracts, inhabited by tribal people. The Chittagong Hill Tracts Development Board (CHTDB) was created in 1976. Since 1985, UNICEF has cooperated with the Board in the implementation of an integrated project of basic services. The project supports the provision of primary health care (PHC), non-formal education, water supply and sanitation, applied nutrition and nutrition education, and income generation. It has made it possible for 9,000 families to increase their standard of living through skills training for women and through credit programmes; and it has improved the access of children in this area to health care, education and other basic rights.

Information, advocacy and social mobilization

23. UNICEF has promoted child survival through numerous public information and advocacy activities that have created a greater understanding of the situation of children in Bangladesh on the part of leaders and the general public. These activities include the launch and distribution of State of the World's Children 1993 report and the production and distribution of materials such as the booklet The Child and Islam. Advocacy has also been achieved through the news media. UNICEF has also undertaken a project to introduce a regional communications symbol for the survival, protection and development of the girl child in South Asia, based on a fictional girl child, Meena, in a typical South Asian village.

Lessons learned: management and mobilization

24. The new programme of cooperation will draw on past experience in several ways, most especially in terms of strengthening management, local capacity-building and programme communications/social mobilization efforts. Bridging the gap between knowledge and behaviour is a problem in many areas of social change. Although 93 per cent of mothers are aware of ORT, only about one fourth use it when needed. A review of the situation has led to the conclusion that a more focused and coordinated communication approach is needed, drawing on the successful experience of other countries.

25. Subnational successes can also be instructive. Two of the country's four divisions have reached universal child immunization rates. The Government, WHO, UNICEF, Rotary and other NGOs are jointly exploring ways of replicating this success in the rest of Bangladesh. Some of the factors that have been identified to date are more structured collaboration between the Government and agencies involved in service delivery; more extensive involvement of NGOs in the expanded programme on immunization (EPI) and more intensive local management of the programme. Another lesson from the success of the immunization programme is that more focused targeting to the most vulnerable beneficiary is needed to prevent rather than to cure disease. This lesson applies equally in other health fields, in nutrition, and even in education.

26. In the education sector, lessons can be drawn from the success of community-managed, non-formal learning centres. Some schools run by NGOs, such as BRAC schools, succeed in attracting and keeping children in school through community involvement, quality teaching, efficient use of time, accessibility, flexible schooling hours and a curriculum that is perceived to be relevant. Neighbourhood schools also attract higher attendance from girls. To reach Education for All (EFA) goals, and in view of the limited funding available from the government budget, both government and non-formal systems will require support to incorporate and expand on proven approaches.

27. The recent rapid rise in sanitation coverage indicates how widely a focused government programme can reach when it is combined with widespread advocacy and broad social mobilization. The simple latrine set provided with a subsidy by the DPHE village sanitation centres accounts for less than one third of the newly installed latrines in Bangladesh. Other factors that have contributed to the higher rates include growth in the private sector production of latrines; the inclusion of sanitation in the programmes of many broad-based NGOs; and advocacy by the Government from the highest level and by front-line workers in the health sector.

RECOMMENDED PROGRAMME COOPERATION, 1993-1995

Recommended general resources: $52,800,000
Supplementary funding: $56,821,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	17 631	15 414	33 045
Education	13 020	13 405	26 425
Water supply and sanitation	4 395	24 427	28 822
Urban basic services	2 865	660	3 525
Women-centred programme	1 950	-	1 950
Children in especially difficult circumstances	900	-	900
Disaster preparedness	600	900	1 500
Information, advocacy and social mobilization	2 280	-	2 280
Planning, monitoring and evaluation	1 866	-	1 866
Area-based projects	2 100	2 015	4 115
Programme support	5 193	-	5 193
Total	52 800	56 821	109 621

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

28. This is a three-year bridging programme, after which the UNICEF programme cycle will be aligned with that of the national five-year plans, and with the United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA) planning cycles. This three-year programme of cooperation results from a process in which the Government has translated the broad provisions of the Convention on the Rights of the Child and the global goals for the 1990s of the World Summit for Children into activities that are specific to Bangladesh's needs and that are delineated in the national programme of action (NPA). As a bridging programme, it will build on the lessons learned and will explore methods for fully reaching the goals for the 1990s in the forthcoming five-year country programme.

29. The overall objectives of the 1993-1995 programme of cooperation are to contribute to and support the major national child survival and development goals including: to reduce the infant mortality rate from 110 to 80 per 1,000 live births; to reduce U5MR from 184 (the NPA baseline figure for 1989) to 135 per 1,000 live births; to reduce MMR from 600 to 450 per 100,000 live births; to virtually eliminate IDD; to virtually eliminate nutritional blindness due to vitamin A deficiency; to provide universal access

to safe drinking water and to increase sanitation coverage to 35 per cent; to increase the gross primary school enrolment rate to 85 per cent and the completion rate to 45 per cent through formal schooling and non-formal education of comparable standards, with an emphasis on reducing gender disparities; to increase the adult (15 to 35 years) literacy rate to 40 per cent, with an emphasis on female literacy; and to reduce gender disparity by integrating women into the mainstream of development.

30. In all programme sectors, UNICEF Bangladesh works through three main modalities: (a) building capacity by providing financial and technical support to Government and non-governmental organizations in training, for management support and increasingly through efforts to build local-level capacity for planning and programme implementation; (b) programme communications, advocacy and social mobilization; and (c) the provision of supplies.

Health

31. In the health sector, UNICEF will continue to support immunization. As the programme is expanded to EPI Plus, emphasis will be placed on strengthening national capacity through management information systems, communications systems and planning. Steps will be taken to extend the programme to those who have not yet benefited and to strengthen EPI to ensure that it becomes a permanent part of public health programmes. There will be an emphasis on improving the communications ability of all staff who are involved in service delivery. Increasing service accessibility in some hard-to-reach areas with targeted programme interventions will lead to better programme coverage. Management support will also continue at all levels, especially to improve supervision. On the supply side, UNICEF will provide vaccines and cold-chain equipment. Support will be given to the Institute of Public Health (IPH) in their production of tetanus toxoid vaccine by improving their quality control unit and through sample testing. Support may also be given to IPH to begin the production of other vaccines if this is found to be feasible.

32. Additional health care interventions will be provided at existing EPI service points. The first phase will include three services for children (vitamin A, breast-feeding promotion and diarrhoeal disease case management, including the provision of ORS) and three services for the women (family planning, iron folic supplementation and screening and referral for women with high risk during pregnancy). UNICEF will continue to assist in the training of TBAs and in the provision of safe delivery kits. UNICEF will collaborate with UNFPA and ICDDR,B in undertaking these and other measures for safe motherhood. Only four EPI Plus measures (measles immunization, tetanus toxoid for mothers, ORS use and vitamin A administration) will lead to the prevention of 101,000 infant deaths every year out of the current 435,000.

33. New activities in the CDD programme include the implementation of a research-based communications strategy to increase the use of ORT and home management of diarrhoea. Other communications strategies will reach out to health workers. At thana health complexes, an additional 150 ORT corners will be established and the feeding of children suffering from diarrhoea will be introduced to encourage the practice of jointly feeding and using ORT. Training in proper case management and to improve communications skills will be given to 30,000 basic health workers and to 20,000 traditional and private sector village

doctors as women often turn to them first for health problems. UNICEF will continue to provide ORS and appropriate anti-microbials.

34. UNICEF will support training in case management for ARI for 5,000 health providers and a review of the first phase of the project. Other components of the ARI project will include provision of essential drugs for the management of pneumonia and of equipment such as timers. Under the improvement of drug management project, appropriate drugs, training in drug use and assistance in establishing reporting systems for disease profiles and drug use monitoring will be provided. An information, education and communication (IEC) strategy for the prevention of acquired immune deficiency syndrome (AIDS) will be developed. Health services management capacities at the thana level, linked to other PHC projects, will be improved.

Nutrition

35. In the nutrition sector, new strategies will be based on existing programme frameworks, building and expanding on them to show that nutritional improvement is possible, especially through the prevention of malnutrition in young infants. UNICEF will cooperate closely with the World Food Programme (WFP), which has monthly contact with about one half of the country's poorest women through the vulnerable group development programme. In addition, UNICEF will provide vitamin A, vitamin A dispensers, salt iodation plants, potassium iodate and iron folic tablets to reduce or eliminate micronutrient deficiencies. By the end of 1993, all of the 265 salt producers in Bangladesh will be fitted with salt iodation plants, making it possible to meet the target of universal edible salt iodation. The training of health workers in the diagnosis and treatment of xerophthalmia and of salt manufacturers in salt iodation will be a major activity. Knowledge, attitude and practice studies will be carried out and appropriate communication strategies derived to promote the long-term behavioural changes necessary to eliminate micronutrient deficiencies.

36. UNICEF will continue to assist the campaign for the promotion and protection of breast-feeding through workshops, seminars and other advocacy efforts. The "baby-friendly" hospital concept will be promoted at all maternity centres, and lactational management training will be carried out.

37. Following extensive advocacy on the need to address protein energy malnutrition, UNICEF will support pilot community-based nutrition projects with growth monitoring, selected and temporary food supplementation, programme communication and nutrition education as primary components, in collaboration with WFP and other agencies. The effective implementation of these projects will determine the nature of a national nutrition project. UNICEF will assist in developing a national IEC strategy for nutrition and will support periodic nutritional status surveys.

Education

38. UNICEF will support the goal of basic education for all through formal and non-formal education approaches. In the formal system, UNICEF will cooperate with the Government, especially the newly created Division of Primary and Mass Education, in promoting universal primary education. There will also be a focus on improving the quality of teaching and learning in primary classrooms, as well as on raising the achievement level of primary school children. These efforts

will involve improving the quality of materials and teaching, supporting complementary non-formal approaches and promoting community involvement.

39. As a partner in the multi-donor general education project, UNICEF will continue to support the creation of more suitable curricula and the design and production of teaching and supplementary learning materials, including Facts for Life. As these materials are developed centrally, UNICEF will help to develop a system to monitor their use in the classrooms.

40. The development of an in-service training system will be supported. This will include the setting up of model teachers's resource centres. The qualitative improvement of pre-service training programmes will also be supported. UNICEF will provide assistance to apply the recently developed "assessment of basic competencies" survey methodology on a wide scale. Experiments and innovations intended to improve the quality of instruction and retention of children in school will also be funded.

41. The Government has launched an experimental non-formal education project for both children and adults, and UNICEF will provide support for the components aimed at children. These will include early childhood development (ECD), where the main concern is developing affordable models to help prepare children from disadvantaged families for primary school. UNICEF will contribute to the efforts of partner NGOs providing community-based ECD services. Support will also be provided to BRAC and to other NGOs in an effort to expand an effective non-formal education approach for children not served effectively by regular primary schools. This will include bringing in new NGOs and strengthening their capacity to develop and adopt new curricula and primers. Support will also be given to teacher training and management systems. Modest support will also continue for madrashas (mosque-based schools) and makhtabs (community centres). These non-formal education efforts will be followed closely and a management information system will be established for this purpose.

42. As local planning and management are critical to reach EFA goals, and even to implement new curricula, UNICEF will contribute to the strengthening of division and district capacities to plan, monitor and coordinate educational activities. The Kushtia integrated basic education project is an example of one district that has successfully drawn together diverse partners in the community to work for EFA. Funds may be provided to replicate its successes in other parts of the country.

43. Many of the above activities will focus on bringing girls into both formal and non-formal school systems and encouraging them to complete a basic minimum education. The Government's compulsory primary education programme provides free schooling for girls up to class eight, three more years than for boys. The installation of latrines in schools will encourage girls to stay in school slightly longer by providing the necessary privacy, as well as convenience. Village-based, non-formal education is a proven system to bring education to more girls. Finally, there will be many activities to support and implement the social mobilization plan of action for basic education for all, developed by the Ministry of Education, aimed at systematically applying lessons learned from the immunization programme.

Water supply and sanitation

44. The objective of UNICEF assistance in this sector is to help the Government reduce the incidence of diarrhoeal diseases and parasitic infections in children by making safe drinking water even more accessible, by improving the coverage of sanitary latrines and by helping people adopt better sanitary practices. The programme will also work to strengthen government capacity to provide water supply and sanitation in both rural and urban areas.

45. The rural water supply programme will focus on reducing disparities in access to safe drinking water. The water supply programme will involve communities more in the installation and management of tube-wells. Under the new programme, subsidies for installation are being reduced and users will pay in full for spare parts for pumps. Furthermore, the maintenance of shallow pumps will be transferred to the users by 1995. UNICEF will continue to support the installation of tube-wells in underserved areas. UNICEF will provide the construction materials, and community contributions, which will vary according to the type of tube-well and water system, will increase during this planning period. Family caretakers will be trained in maintenance of the tube-wells and in proper sanitation. Overall, new tube-wells will be installed to serve 8.9 million people.

46. In sanitation, steps will be taken to keep coverage rising at a fast pace. UNICEF will support intensive social mobilization for improved sanitation in collaboration with a wide variety of organizations. Intensive activities will be undertaken in diarrhoea-prone thanas involving a wide range of people, especially women, as sanitation promoters. A special project will be undertaken to ensure that primary schools have latrines and these will serve as the base for learning about sanitation. The education package on water supply, sanitation and hygiene, including training curricula, will be updated. As behavioural studies have shown that "convenience and privacy" for women are key reasons why families install latrines, communication packages will focus on this as well as on health reasons. Sanitation promotion efforts will also include a range of affordable latrine technologies such as homemade pit latrines and waterseal latrines marketed through both the DPHE village sanitation centres and the burgeoning private sector. UNICEF will support training for tube-well mechanics, masons and other field-level workers on promoting proper construction, use and maintenance of sanitary latrines. During the programme cycle, more than 17 million people will gain access to sanitary latrines and receive hygiene and sanitation education.

Urban basic services

47. The key urban basic services (UBS) strategy is to adopt a child- and women-focused approach and to involve the sectoral ministries in the provision of basic services to the urban poor. UBS will support the organization of poor urban women into groups for common, self-help activities at the neighbourhood level in all the urban areas, with an emphasis on the four main urban areas where about one half of the urban poor live. A parent-teacher will be trained to conduct a two-hour a day early childhood session with pre-school children. UNICEF will facilitate access to credit for these groups and bear 50 per cent of the costs with the community and municipalities for preparing drains and footpaths in these slums. UNICEF will also support updating the situation analysis of the urban poor through NGOs and competent research institutes.

Health, nutrition, basic education, and water supply and sanitation services supported under this programme will directly benefit 340,000 infants, 1.5 million children and 2 million women.

Area-based project

48. In the proposed programme, the area-based project for Chittagong Hill Tracts, a less developed area with a tribal population, will be expanded from the present 50 to 75 moujas (an administrative area comprised of several villages). In the new areas, house-to-house surveys will identify 16,000 poor tribal families. Pre-cooperative functional groups will be formed that will serve as the focus of a range of activities, including a savings and loan programme which will provide capital for self-help projects. UNICEF will support the establishment of a community centre in each mouja that will be used for group meetings, non-formal education classes, nutrition education classes, and as a mouja project office and warehouse. The communities will provide land and labour costs to construct these centres. Building local capacity is an important part of the project. Leadership training will be given to members of each functional group; tribal women will be trained as community health workers and other women will be trained as birth attendants and as pre-school teachers; and group members will be given skills training in various trades. Support will also be provided to children of the minor tribes for formal education. The capacity of CHTDB will be strengthened through management training, study tours and funds for travel to project sites.

Children in especially difficult circumstances

49. Since the project is still in its infancy, UNICEF support will focus on establishing a baseline on the status of street children and working children and will increase the awareness of the people at all levels regarding the special needs of this and other categories of children in difficult circumstances. UNICEF will continue to support and strengthen Shishu Adhikar Forum and help it to organize street children and working children. Drop-in centres for street children will be set up where children can come for counselling, to seek help in case of need such as illness, to use basic facilities such as safe drinking water or a sanitary latrine, or to take up even one hour of non-formal education. UNICEF will support the development of curricula and training materials for programme managers, field workers and employers. The Department of Social Services will be strengthened to respond to the needs of these children and to evolve a comprehensive policy for them.

Disaster preparedness and mitigation

50. Cyclones and floods will continue to affect Bangladesh, and UNICEF will assist the Government in strengthening disaster preparedness systems in collaboration with UNDP and other donors. The main focus will be the training of subnational officials in disaster preparedness. Research will be undertaken on traditional responses of villagers to disasters, which will be incorporated into social mobilization and community preparedness plans. Communications strategies will be developed for cyclone- and flood-prone areas. Strategies will also be developed to reduce the impact of the predictable, regular diarrhoea peaks linked to the cycles of wet and dry seasons. Thus, the usual relief and rehabilitation response to disaster will be expanded to become more

developmental, and a special focus will be placed on ensuring that emergencies do not have an excessive impact on children and women.

Information advocacy and social mobilization

51. Programme communications will continue to reach out through all sectors. Activities will also be undertaken to build government and NGO capacity for, and to help coordinate, the creation of communications strategies and the development of messages for partners working in the same programmes. UNICEF will cooperate with other agencies, especially UNDP, to professionalize the communications sector through work with market research agencies, universities and other professional communications groups. Interpersonal communications training will strengthen the capacity of field workers' to share information. Advocacy will include outreach to the media, Government and NGOs, service clubs and opinion leaders through conferences and special events through such publications as State of the World's Children 1993 report and Facts for Life, and by working through various media. Social mobilization will involve close work with a wide range of organizations. The Meena Girl Child animated series will continue to be developed, tested and expanded to include additional issues and materials, and wider distribution.

Planning, monitoring and evaluation

52. UNICEF will support networking of primary data collecting agencies and facilitate standardization of definitions and frequency of data collection. Through the Bangladesh Bureau of Statistics, UNICEF will help to establish a national social sector database on women and children in the country to monitor the achievement of the NPA goals. Support will be extended for the preparation of subnational programmes of action for achieving the goals of the 1990s and will also be provided to the Public Administration Training Centre. A national situation analysis will be undertaken, leading to the production of an annual report on the state of Bangladesh children. Support to JGUAG and its secretariat will continue during the project period. Annual and mid-term reviews will be carried out by government counterparts with UNICEF involvement on a sector-by-sector basis and for the total programme. These reviews will indicate necessary modifications in programme implementation as well as lessons for future cooperation.

Programme management

53. The UNICEF Bangladesh country office staff based in Dhaka has been responsible for national policy and for creating the overall financial frameworks jointly with the Government, as well as for managing funds for subnational programmes. Division office staff works with counterparts at division, district, thana and union levels, carrying out a full range of functions from advocacy and external relations to monitoring UNICEF-supported programmes. Over the period of the proposed country plan, the role of the recently created division offices will be strengthened to include more subnational planning in close cooperation with local governments, and within the framework decided upon nationally.

54. To respond to new programmatic needs and to meet the requirements of the centralized policy structure in the country, the office in Dhaka is headed by a representative, supported by a senior programme coordinator and a senior

programme and planning officer, and by programme and operations staff at various levels. Consolidation of seven zone offices into four divisional offices in 1991 made it possible for these subnational offices to be staffed at a sufficiently high professional level to enable them to take on additional roles in planning, advocacy and external relations. Each of the UNICEF division offices is headed by a national officer. The effectiveness, responsibilities and potential of these division offices will be analysed during this three-year bridging cycle to form the basis for any future changes during the next five-year country programme cycle (1996-2000).

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Bangladesh	(1991 and earlier years)			UNICEF country classification
Under-five mortality rate	133		(1991)	High U5MR
Infant mortality rate	101		(1991)	Very high IMR
GNP per capita	$ 220		(1991)	Low GNP
Total population	117	Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	3,222	4,032	4,422	4,515
Infant deaths (under 1)	(Thousands)	476	524	460	456
Under-five deaths	(Thousands)	770	831	605	583
Under-five mortality rate (per 1,000 live births)		238	211	141	133
Infant mortality rate (under 1) (per 1,000 live births)		148	130	104	101

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1989-1990)	Moderate & severe	--	66 a/
	Severe	--	27 a/
Babies with low birth weight (%, 1983/1990)		47	50
% of primary school children reaching final grade (1980/1988)		17	46

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1975-1976)	91/86/82	.. / .. / ..
Prevalence of wasting (%, 1989-1990)	..	16 a/
Prevalence of stunting (%, 1989-1990)	..	65
Daily per capita calorie supply (% of requirements, 1988-1990)	..	88
Food production per capita index (Index 1979-1981=100, 1980/1991)	102	96
Household expenditure (% of total income, 1980-1985)	All food/cereals	59 / 36

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			26
Access to health services	Total	..	45
(% of population, 1985)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	38	81
(% of population, 1980/1990)	Urban/rural	26 / 40	76 / 81
Access to adequate sanitation	Total	4	16
(% of population, 1980/1990)	Urban/rural	21 / 1	57 / 8
Births attended by trained personnel (%, 1988)		..	5
Maternal mortality rate (per 100,000 live births, 1985)		..	600

Immunization		1981	1985	1990	1991
One-year-olds (%) immunized against:	Tuberculosis	1	3	86	86
	DPT	1	2	62	60
	Polio	1	2	62	60
	Measles	..	1	54	53
Pregnant women (%) immunized against:	Tetanus	1	3	74	78

TABLE 1 (continued)

Bangladesh

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	62 / ..	73 / 65
	Male	76 / ..	78 / 69
	Female	46 / ..	68 / 61
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	18 / ..	17 / 16
	Male	26 / ..	22 / 21
	Female	9 / ..	11 / 11
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	24	35
	Male/female	36 / 12	47 / 22
Radio/television sets (per 1,000 population, 1980/1990)		.. / 1	42 / 5

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	67	88	114	116	144
Population aged 0-15 years	(Millions)	32	44	50	51	59
Population aged 0-4 years	(Millions)	12	15	17	18	21
Urban population (% of total)		8	11	16	17	23
Life expectancy at birth (years)	Total	44	48	52	52	56
	Male	45	48	52	53	56
	Female	43	47	52	52	56
Total fertility rate		7.0	6.4	4.9	4.8	4.2
Crude birth rate (per 1,000 population)		48	46	39	39	35
Crude death rate (per 1,000 population)		21	18	15	15	12

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1989)		13	31
Population annual growth rate (%, 1965-1980/1980-1991)	Total	2.7	2.5
	Urban	8.0	6.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		-0.3	1.9
Inflation rate (%, 1965-1980/1980-1990)		15	10
Population in absolute poverty (%, 1976-1977)	Urban/rural	86 / 86	.. / ..
Household income share (%, 1981-1982/1985-1986)	Top 20%/bottom 40%	39 / 22	37 / 14
Government expenditure (% of total expenditure, 1980/1989)	Health/education	6 / 12	5 / 11
	Defence	9	10
Household expenditure (% of total income 1980-1985)	Health/education	.. / ..	2 / 1
Official development assistance: (1980/1991)	$US millions	1283	2142
	As % of GNP	12	9
Debt service (% of goods and services exports, 1980/1989		7	16

a/ Indicates data that differ from the standard definition or refer to only part of a country.
* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988–1992 a/

COUNTRY: BANGLADESH
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $65,000,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	12525	22245	1554	833	800	1704	3777	5570	18656	22641	30352	22746	49008	45387
Household food security and nutrition	3563	2061	225	117	176		500	257	4464	5728	2435	6390	6899	12118
Water supply and sanitation	569	24317	109	210	750	365	443	5833	1871	1287	30725	31490	32596	32777
Education	4740	15858	299		147	30	5237	35	10423	12489	15923	16273	26346	28762
Community organization and development	784		311	25	250		3896	56	5241	8523	81	4000	5322	12523
Women–centred programme	428	127	1308	48	371	63	1830	368	3937	3941	606	150	4543	4091
Programme support, planning and advocacy	162	445	217	87	8091		613	261	9083	10391	793		9876	10391
Emergency	996	7910		17		17	62	1961	1058	1150	9905	12466	10963	13616
Freight	526	11							526		11		537	
GRAND TOTAL	24293	72974	4023	1337	10585	2179	16358	14341	55259	66150 b/	90831	93515	146090	159665

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Including $1,150,000 from the Emergency Reserve Fund.

TABLE 3. PLANNED EXPENDITURE, 1993 – 1995

(In thousands of United States dollars)

Country: BANGLADESH Period covered: 1993 – 1995	Funding status	1993	1994	1995	Total
Health and nutrition	GR	5877	5877	5877	17631
	FSF	7011			7011
	NSF	5808	4803	4803	15414
Education	GR	4340	4340	4340	13020
	FSF	2695			2695
	NSF	4535	4435	4435	13405
Water supply and sanitation	GR	1465	1465	1465	4395
	FSF	673			673
	NSF	8143	8142	8142	24427
Urban basic services	GR	955	955	955	2865
	NSF	220	220	220	660
Women–centred programme	GR	650	650	650	1950
Children in especially difficult circumstances	GR	300	300	300	900
Disaster preparedness	GR	200	200	200	600
	NSF	300	300	300	900
Information, advocacy and social mobilization	GR	760	760	760	2280
Planning, monitoring and evaluation	GR	622	622	622	1866
Area–based project	GR	700	700	700	2100
	NSF	2015			2015
Programme support	GR	1731	1731	1731	5193
TOTAL	GR	17600	17600	17600	52800
	FSF	10379			10379
	NSF	21021	17900	17900	56821
GRAND TOTAL		49000	35500	35500	120000

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

BANGLADESH

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET 1993–1995 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L.7	D1/L.6	P/L.5	P/L.4	P/L.3	P/L.2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and nutrition	17631			17631					3		3	4	3	10	1017	360	1377
Education	13020			13020				1	1		2	3	7	12	753	360	1113
Water supply and sanitation	4395			4395			1		1		2	4	1	7	711	235	946
Urban basic services	2865			2865								1	1	2		73	73
Women–centred programme	1950			1950													
Children in especially difficult circumstances	900			900													
Disaster preparedness	600			600													
Information, advocacy and social mobilization	2280			2280					2		2	4	5	11	678	358	1036
Planning, monitoring and evaluation	1866			1866													
Area–based project	2100			2100					1		1		1	2	339	31	370
Programme support	5193			5193				2	2	1	5	21	113	139	1731	3303	5034
TOTAL GR	52800			52800			1	3	10	1	15	37	131	183	5229	4720	9949
SUPPLEMENTARY FUNDING																	
Health and nutrition		7011	15414	22425				1	4		5	6	11	22	1728	535	2263
Education		2695	13405	16100													
Water supply and sanitation		673	24427	25100				2			2	6	12	20	744	599	1343
Urban basic services			660	660													
Disaster preparedness			900	900													
Area–based project			2015	2015													
TOTAL SF		10379	56821	67200				3	4		7	12	23	42	2472	1134	3606
TOTAL GR & SF				120000			1	6	14	1	22	49	154	225	7701	5854	13555
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed 1994–1995)	Operating costs			3063													
	Staffing b/				1		4	1	1		7	9	44	60	1933	1474	3407
GRAND TOTAL (GR + SF + ADM)					1		5	7	15	1	29	58	198	285			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1988)										29	48	192	269	N/A	N/A	N/A
	– At the beginning of proposed programme (1993)										29	58	198	285	N/A	N/A	N/A
	– At the end of proposed programme (1995) (Indicative only)										29	58	198	285	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.